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### COMMUNICATIONS.

#### A CHRONIC AFFECTION OF THE LIVER AND STOMACH OF HABITUAL DRINK- ERS OF STRONG ALCOHOLIC LIQUORS. THE SYMPTOMS AND TREATMENT OF THE COMPLAINT.

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Persons who imbibe a liberal quantity of strong alcoholic liquor daily, perhaps without ever reaching that degree of intoxication in which they could be considered really drunk, are affected sooner or later by a train of symptoms which are so peculiar, and at the same time—taken as a group—so pathognomonic, that in the individual complaining of them, the tippler, the stage he has reached, his exact pathological condition, and the cause of it, become at once apparent, as only such persons can be affected in the manner soon to be described, who have habitually been drinking such strong alcoholic liquors as cognac, brandy, whisky, rum, arrack, gin, kuemmel, bitters, zwetschenwasser, and other stimulants of the same class. I have never seen a wine, beer, porter or ale drinker with any of these symptoms; but in those who drink, besides the last-named beverages (wine, beer, porter, ale, etc.), between, or mixed with these, the stronger alcoholic liquors first enumerated by me, “to settle their stomach,” as they say, I have found these symptoms the most stubborn. And here allow me to make a few more remarks concerning the different kinds of tipplers. There are many persons, especially Germans, who will drink only

wine\* or beer, and never any other intoxicating liquid, under any circumstances, except, perhaps, when ill and ordered to do so by their physician. These persons are free from the symptoms in question, and there would be a far greater number of them if many wine or beer drinkers did not regularly imbibe, besides their usual main beverage, a little whisky, “now and then,” or one of the three following liquors, which they consider harmless, but which are just the cause of the symptoms mentioned, even if producing the latter after a much longer period, because taken in smaller quantities, viz: bitters, zwetschenwasser, and kuemmel. The first consists, generally, of common proof-spirits, to which aloës, gentian, rhubarb, cinchona (rarely), or some other vegetable bitters have been added. The second is a very strong liquor, containing mostly 65 per cent. alcohol, and is made by the distillation of prunes or plums (kernels and all). And what makes matters worse, these two are generally taken on an empty stomach in the morning; a bad habit, the danger of which I will explain hereafter. The last of the three “innocents” consists of common proof-spirits, to which the essence of caraway seed has been added. It is mostly taken by the habitual drinkers of that least dangerous of all intoxicating beverages, weissbier (containing about 2 per cent. alcohol), to stimulate the expulsion of gases from the intestines, the weissbier being very rich in carbonic acid. Drinkers of wine or of malt liquors consider the three beverages just described harmless, but forget how many doses of them they take daily, and

\* By wine. I mean the good European wines. Most of the American wines contain such a high percentage of alcohol, and so often of fruit oil, that they have to be classed with the strong alcoholic liquors.

that these potations generally contain more alcohol, and what is worse, more fusil oil, than good whisky does. Then there is a class of drinkers who regularly refresh themselves daily with an unlimited number of drinks of the strong alcoholic liquors, which they take undiluted. Such persons are, perhaps, never drunk, but not far from that point, and never totally sober. The two classes just mentioned are the tipplers mostly concerning us here; those, therefore, who really consider themselves only wine or beer drinkers, and apparently abhor whisky, but in fact imbibe with their *zwetschenwasser*, bitters and *kuemel* almost the same quantity of alcohol and perhaps more fusil oil, than the other class, who drink whisky, brandy, etc., therefore, the stronger alcoholic beverages, habitually. The only difference, from our standpoint of view, between the two consists in the fact that the first class enjoys a longer immunity from the symptoms soon to be described than the second class, which has to suffer earlier. Persons who drink only wine or beer are exempt from these symptoms, while individuals who often get actually drunk, or those who are strictly temperate for a certain time and then suddenly go on a longer or shorter "spree," become differently affected, both the latter being threatened by delirium tremens, and more serious organic lesions than the first two classes described. Here we have only to do with the regular tippler, who, whatever else he may drink, imbibes daily a certain quantity of strong alcoholic liquor, without ever, perhaps, getting actually drunk.

Before describing the symptoms, I will mention one important fact as regards alcoholic liquors. In certain parts of the Prussian provinces of "Pommern" and "Westphalen" these strong drinks are habitually used by the inhabitants. Why is it that the latter are comparatively free from these symptoms, from which the drinkers of the same liquors in other countries have to suffer so much? One cause evidently lies in the fact that a "Pommer" or a "Westphale" will rarely use any liquor except he, at the same time, fills his stomach with a heavy meal, of which the so very nourishing rye bread of those localities forms no small part. Another and, perhaps, just as weighty a reason, is that the people generally prepare the liquor themselves, from rye, prunes, or other fruit, and that these beverages are remarkably free from fusil oil, amyl. On the other hand, to find any of the common strong alcoholic liquors of this country free from fusil oil, is a rare exception.

The very first intimation of the tippler having

reached that stage where he cannot well do without his habitual dose of alcohol, in some form or other, is a symptom which generally precedes for a long time those now about to be mentioned: it is a craving for a drink early in the morning, before any food has been taken, consequently, on an empty stomach. This early stimulant, taken in the beginning, simply because there is a desire for it, soon becomes a necessity in order to "steady" the nerves, and, further still, to "settle" the stomach. This drinking on the empty stomach is the most dangerous habit such men can adopt; it does more harm than all the other drinks of the day taken together, and all habitual tipplers crave for that one drink more than anything else. If such persons could be aware of the fact that in the morning, before the first meal, the absorbing vessels may be compared to dried sponges, which readily absorb any moisture they come in contact with, then they would know that these "morning drams" are absorbed in an almost unaltered state,\* and, therefore, cause the greatest damage to the stomach, and, being carried along the portal system, to the liver. This direct introduction of the alcohol into the circulation is the cause of the nerves of the habitual drinker becoming so quickly "steadied" after this first drink in the morning, just as the direct stimulation of the ramifications of the pneumogastric and vasomotor nerves causes the "settling" of the stomach. I have observed inveterate tipplers endeavoring, with shaking hands, to carry the first morning drink to their lips; have seen them verify the old adage, "There is many a slip between the cup and the lip;" and a minute or two later have been astonished to see these same once trembling persons delicately hold the second glass between their fingers and take the second drink with hands as steady as though it was the first liquor that had ever passed their lips. But this magical effect is just the reason that no warning will ever prevent them from gradually undermining their constitution more and more.

The early morning drink once having become an established habit, the other symptoms soon make their appearance. The patient suffers from nausea in the morning, loses his appetite for breakfast especially, and complains of occasional sour eructation, and more frequently returning

\* Besides, the stomachs of tipplers are coated in the morning with tenacious mucus, etc., which prevents the action of the gastric juice, favored by the temperature of the stomach, on the alcohol, and the decomposition of the latter into its composing elements ( $C_2H_5O_2$ ), while a cup of hot coffee will remove the accumulated mucus, and alcohol may act as a nourishment. The least dangerous consequences follow, therefore, when the liquor is taken on a full stomach.

heartburn. Soon another symptom is added. The patient has a feeling of weight in the epigastrium after each meal; and the stomach becomes sensitive to the touch. The nausea soon changes to vomiting, and regularly every morning large quantities of glairy mucus, which have an extremely sour taste and smell, are ejected by the stomach. Frequent belching takes place, which is always connected with a sour taste; the appetite becomes more and more irregular; the bowels incline to constipation, alternating sometimes with diarrhœa; the feeling of weight and distention increases in severity, as also the sensibility of the stomach to pressure and touch. And the feeling of weight is not only there after eating, and is not confined to the epigastric region alone; there is now a constant sensation of fullness in the right hypochondrium; pain is experienced there more or less constantly, and a physical examination reveals an increased area of liver dullness. Besides these symptoms there are inward fever, great thirst, headache, and all kinds of neuralgic pains. Hemorrhoids generally make their appearance; the sleep is restless, disturbed by dreams; the muscles tremble in the morning; the face looks tumid, and the tongue is coated, indented by the teeth and red at the tip.

These symptoms form, as a whole, a picture which is so frequently seen, and with few alterations—due to peculiarities of the person—it is always the same, that it is easily recognized. The appearance of face, skin and tongue, the peculiar vomiting in the morning, the other dyspeptic symptoms in connection with the subjective sensations in the epigastrium and right hypochondrium, the sensitiveness of the stomach to touch; no other disease presents the same group of symptoms and signs. And no matter what else may ail the patient, no matter what organic disease may cause other phenomena of its own besides the symptoms mentioned, the latter always stand preëminently in the foreground and form a group for themselves.

But now, we ask ourselves, what is the pathological condition that produces this state, this train of symptoms? Chronic gastritis and a peculiar chronic inflammation of the liver.\* We do not often see the morbid process at this stage,

\* "The liver of drinkers frequently undergoes a series of pathological metamorphoses, which begin with the formation of the nutmeg liver and lead through the fatty liver to cirrhosis of the same. In connection herewith we observe, rarer, though, than post-mortem examinations should warrant us to expect, all kinds of phenomena of chronic affection of the liver; symptoms which undoubtedly are under the influence of the alcoholic blood of the portal vein." (Falcet, in Virchow's *Handbuch der Pathologie und Therapie*, Vol. II, p. 1, page 32; Erlangen, 1855.)

as death takes place after more serious organic changes have occurred; either the inflammation of the liver makes rapid progress and cirrhosis sets in, or delirium tremens, or affections of the heart, brain, lungs, or kidneys, end life later. In the liver we find Glisson's capsule in the state of chronic inflammation; the tissue is swollen and presses upon the fine ramifications of the portal vein, causing thereby congestion of the abdominal viscera, especially the stomach. It is in this stage that, by relieving the portal circulation, and taking, as it were, the nutrition away from the inflammation, the latter rapidly recedes and the inflammatory products become absorbed. If, on the other hand, contraction of the fibrous tissue has begun, no remedy can prevent the further and now rapid progress of that fatal malady, cirrhosis of the liver.

When there is no pain on pressure, and nothing abnormal left in the right hypochondriac region, except a sensation of fullness, then we have only to do with congestion of the liver, and the symptoms regarding the latter are milder. The stomach shows the well known appearance of chronic inflammation, for a detailed description of which I must refer the reader to any of the many works on special pathology.

I shall now describe the treatment. If the patient has no other organic malady, and follows the directions of the physician exactly, in every detail, from one to two weeks will be sufficient time during which to remove nearly every one of the symptoms or lessen the degree of severity of them so much as to bring the patient out of his miserable condition, as it were, by a miracle almost. In no case, *ceteris paribus*, have I found any exception to this rule. The treatment is as follows:—

The patient must immediately omit all intoxicating drinks; not the smallest quantity is to be allowed to him. Many contend that the liquor should be gradually withdrawn, or dangerous symptoms may arise. This is theory; experience gives a different result.

"Grau, Freund, ist alle Theorie,  
Doch grün des Lebens bunter Baum."\*

The liquor must absolutely be dispensed with from the very beginning; the patient must not permit a drop to pass his lips under any circumstances, from the moment the treatment commences. The physician must use all his energy and power of persuasion to gain this point; he must convince the patient of the absolute necessity of this, and of the danger threatening the

\* Goethe, translated:—

Gray, Friend, is every Theory,  
But green is ever life's gay tree.

tippler should he no strictly follow the advice given. A physician who does not insist on this sudden and total stoppage of the usual stimulant, will never effect a cure. The few symptoms which may be caused by this abrupt withdrawal will, together with the treatment of the same, be described below.

The patient is also directed to take but three meals daily; say, for instance, at 7 A.M., 1.30, and 6.30 P.M.; that is, at regular and definite intervals, to give the stomach the so much needed rest; these meals to consist simply of several cups of milk (unboiled, hot, warm, or cold), to which lime water is added (f. 3 ij to Oj); a few slices of dry toasted wheat-bread and butter, and once a day—at noon—one or, at the most, two soft-boiled eggs. A little barley gruel, some beef tea, bouillon, boiled rice, soups of any kind (but not fatty), or chocolate may occasionally take the place of the milk; and here and there, to interrupt the monotony of this bland diet, a mealy, mashed potato, or a little celery or radish, may be permitted. But any other diet must be strictly avoided; even the articles mentioned as substitutes, or to change the taste slightly, should only be used when there seems an imperative demand for it. Some people insist that the milk makes them bilious, a fact or assertion of the truth of which I have had no proof where the milk was used according to directions. A whole cup of milk should not be emptied into the stomach at once, but the milk should be swallowed gradually and some toasted bread eaten between each mouthful of milk. I do admit, however, that there are persons who have an idiosyncrasy against milk. Such individuals must take some of the substitutes, but must never omit the milk totally. Happily, such cases among drinkers form a rare exception to the general rule. Milk is generally liked very much.

The patient is advised also to take a lukewarm bath every morning, one hour and a half before breakfast, to stay only four to five minutes in the bath, and to afterwards rub himself thoroughly dry with a coarse towel. Finally, he must take daily walks out in the fresh air, for at least one hour and a half, and give himself as much physical exercise as possible without fatiguing himself, and by no means take a "nap" during daytime. He should arise in the morning and go to bed every night at the same hours, say, at 7 A.M., and and 10 P.M., respectively. This is the hygienic method of treatment; now let me describe the medical treatment.

The patient is directed to take the following the first night when going to bed:—

R.\* Mass. pilul. hydrarg. gr. vi, usque ad gr. xv.  
Ext. hyoscyami gr. ij. M.  
Ft. pilule No. ij.  
Sig.—As directed.

And the morning following, six drachms of Rochelle salt in a tumblerful of water, on the empty stomach, the same to be repeated every sixth day until there is not the slightest trace of yellow coating on the tongue. The following medicine is prescribed, which the patient begins at noon of the day he takes the Rochelle salt the first time:—

R.† Sodii bicarbon., ʒ ss  
Tinct. nucis vomic., f. 3 j  
Tinct. gentian comp., f. 3 iv. M.

Two teaspoonfuls in water, three times daily, one hour before each meal. Shake well.

Should the bowels continue constipated, the patient is to take one of the following pills at night, on going to bed, whenever there has been no motion during the day.

R. Podophyllin, gr. vj  
Pulv. aloës soc., gr. xxiv  
Ext. hyoscyami, gr. xlvij  
Glycerin,  
Gm. acaciæ, aa q.s., ut ft. pil. No. xxiv.

Sig.—As directed.

Externally the patient has to apply (after having, in case of much hair growing in the epigastric region, shaved off the same) the following fly blister, covering with it the whole stomach, and—laying it a little to the right—a part of the right lobe of the liver also:—

R. Emplastr. cantharid., 6½''-8½''  
Conspersge cum., morph. acet., gr. iss.  
Ft. emplastrum.

Sig.—Externally.

After eight hours the plaster is to be cautiously removed—a procedure which, on account of the severe burning pain that invariably occurs whenever the epidermis is destroyed, must be delicately performed, so as not to tear the latter off—then a hot poultice is to be applied for an hour or less,† after which the blister or blisters that

\* The dose of the blue pill depends, as a practical rule, upon the corpulence of the patient; the fatter he is the larger the dose. The henbane is added to prevent griping, which in some persons is rather severe when taking blue mass. I may add, that it is better not to let the patient know what he is taking, because some have superstitious objection to blue pill, while others, again, would repeat the dose too frequently of their own accord, and by omitting the Rochelle salt, which they are generally very apt to do, injure themselves.

† Originally and frequently prescribed by Prof. Da Costa in his clinics, while I was acting chief of the latter. Some enterprising firm in the West made a patent medicine out of it, and called it—the no slight chagrin of the Professor—Da Costa's cure for dyspepsia. When indicated, its effect is remarkable.

‡ If the blisters have all formed on removal of the plaster, the poultice can be omitted. The latter favors the development of blisters decidedly. I have seen



may have formed are to be opened with scissors at their most dependent point, whereupon the sore is to be dressed three times daily, as long as moisture is present, later only twice daily, with the following ointment, which is spread for this purpose upon a piece of old linen, patent lint, prepared cotton, or, still better, linen charpie:—

R. Unguent. zinci benz.,  $\frac{3}{4}$  iiss  
Acid. carbolic., gr. v  
Bala. Peruvian., f.  $\frac{3}{4}$  iiss.

Tere quam subtilissime, ut fiat unguent.

Sig.—Externally.

After a period varying from about six to twelve days the patient will be relieved of every symptom he had, except some slight feeling of weight in the epigastric region after eating. If this is the case, and all vomiting, sour eructations, nausea, etc., have ceased, he is given, in addition:—

R. Liquor pepsinæ, f.  $\frac{3}{4}$  vss  
Acid. muriat. dilut., f.  $\frac{3}{4}$  ss. M.

Sig.—Two teaspoonfuls in a tumblerful of water, three times daily, immediately before eating.

As soon as the patient has been free, for a week, from each and every symptom he complained of, he is gradually brought back to his usual diet, and if he then continues in the same good condition for a week, the sodium mixture is first omitted, and everything progressing favorably for a week or more, the pepsin also. It is safer not to drop any of the remedies suddenly, but to do so by gradually lessening the dose. If the same cause does not, *de novo*, reproduce the symptoms, the latter, having once fully disappeared (notwithstanding the patient is taking his usual nourishment and no medicine), will never reappear. Whenever, while the patient is still under treatment, any of the symptoms return, the treatment just dropped has to be taken up again; I mean by this, not the whole treatment, but only that part of it which had just before been omitted.

By following this treatment to the very letter, omitting nothing whatever of it, any physician can soon convince himself of the remarkable effect of it. But there are a few symptoms, as yet, which may have to be removed by special treatment.

If about eight days after the application of the

cases where for three, four and more days, nearly daily, one or two new blisters appeared, much to the annoyance of the patient, when the application of a hot poultice for an hour would have prevented such occurrence. Besides, a hot poultice diminishes the danger of strangury, more, perhaps, than the sprinkling of the plaster with morphia does.

blister there is still any pain left in the epigastric or right hypochondriac regions, from six to ten European leeches must be applied to the painful place. The bleeding of the leech bites must be allowed to stop of itself. Should the pain again return—which is very rarely indeed the case—about four leeches will suffice to remove it. The number of leeches depend upon the severity of the pain and the plethoric or anæmic condition of the patient.

We now come to two symptoms which must be ascribed to the sudden withdrawal of the stimulant. They are, great nervousness, restlessness, trembling, etc., and sleepless nights. If these symptoms are not too severe and not too annoying to the patient, I allow nature to take its own way; within one or at the most two weeks the irritability of the nervous system will have ceased and sound sleep set in. A certain amount of physical exercise, as mentioned above, is here especially of value. But in case we are forced by one or the other reason to assist nature, then I know of no better treatment than the following. I will add here, that neither the slightest stimulation nor the use of opium or its preparations are ever indicated. I give my patients

R. Sodii bromid.,  $\frac{3}{4}$  iijss  
Lith. bromid.,  $\frac{3}{4}$  iijss  
Aque destillat., f.  $\frac{3}{4}$  v  
Syrupi zingib., f.  $\frac{3}{4}$  j. M.

Sig.—A tablespoonful in a tumblerful of water, in the morning, on the empty stomach, and at night when retiring.\*

I have found two large doses to be more efficient than three smaller ones. As soon as the desired result seems to be achieved, the bromides must be gradually withdrawn. My usual plan is to let the patient take three teaspoonfuls for two days, then if the improvement continues, for two days two teaspoonfuls, and so on. In this way I give the bromides just as long as necessity requires.

Usually, well carried out physical exercise and the administration of the bromides will fully suffice to produce a quiet sleep during the night. But sometimes the cases are more troublesome, and the patient's health threatens to become undermined by the loss of sleep. Then, but only then, I use the following, giving the apothecary the instruction to never by any means renew the medicine nor give a copy of the prescription without my written order:—

\* In the morning, should the sodium mixture have to be taken at the same time, I leave five minutes between them; if Rochelle salt, half an hour, giving the bromides first; the cathartic pill at night—if such has to be taken—does not interfere in the least; it may be swallowed at the same time with the bromides.

R. Chloral. hydrat.,  
Mucil. gm. acac.,  
Aque destill.,  
Liquor. morph. sulph.,

ss  
f. iiss  
f. iiss  
f. ss.\* M.

Sig.—A tablespoonful to be injected into the bowel at bedtime.

I let the patient first go to bed, when half a fluid-ounce of this mixture is slowly injected up into the bowel, by means of a syringe, which is warmed and oiled (at the point) beforehand, and which has a capacity of a little more than half an ounce. The patient is told to withstand the slight desire to go to stool which he will feel at first, but which will disappear in a minute. The light must be turned low and the patient left alone, with one word; all is done to remove irritation of his nervous system,† and within three to fifteen minutes he will generally have fallen into a quiet sleep, lasting about eight hours, out of which he awakes refreshed and without any of the usual disagreeable sensations which generally follow the effect of a hypnotic. He may awake a few times, but only to fall quickly asleep again within one or two minutes. A larger dose or a repetition of the first in the same night is, in those cases I here speak of, never necessary. After I have employed the remedy this way for three or four nights, I commence to decrease the dose one drachm‡ each following night, or in some bad cases, half a drachm, taking the greatest care to prevent the chloral habit. In cases where I have to use chloral, I give the bromides a longer time in full doses, and only begin to decrease them, after I have omitted the chloral for two nights with good results. The patient in this way feels much less the withdrawal of the latter remedy. Chloral is always best administered by the rectum, as by the mouth it easily disturbs digestion; patients dislike it and a larger dose is necessary in order to get the same rapid effect. Lastly we have, when employing the injection, no cause to fear vomiting, and, therefore, a more certain result.

I hope that some of my professional brethren who have not employed it as yet will try the above treatment. They will be astonished at its uniform success, *i.e.* if they follow it in its most minute details. I will only add, in conclusion, that in some inveterate cases, which, when

\* The morphia is here only added to allay the irritability of the bowel. Although the dose is very small (*gr. ʒss*), it is sufficient to effect a rapid disappearance of the desire to go to stool.

† I have seen the effect of the chloral postponed for several hours by friends continuing to talk with the patient after the injection had been made.

‡ Certainly, of the mixture, a teaspoonful less, therefore.

cured, have invariably fallen back into their old pernicious habit again, one or the other dyspeptic symptoms will stubbornly withstand all treatment, or, if at last removed, soon reappear. In such cases—after the treatment given above has been carried out fully—the subnitrate of bismuth is the best remedy. It should be given in doses of from ten to fifteen grains and between meals, therefore, on the empty stomach. Under the conditions described I have seen great good result from it, better, at least, than from any other article of our materia medica, recommended for the same purpose.

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#### ON THE MECHANICAL TREATMENT OF SOME OF THE DISPLACEMENTS AND DISEASES OF THE UTERUS.

Extracts from a Paper read before the Obstetrical Section of the American Medical Association, at its meeting, Richmond, Va., 1881.

BY R. BEVERLY COLE, M.D., M.R.C.S., ENG.,

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Without entering into an elaborate description, giving the etiology, symptomatology, varieties, degrees or treatment in detail, of the displacements of the uterus, all of which is familiar to gynecologists and to most general practitioners, I propose to deal with this class of derangements, at this time, simply with reference to their mechanical treatment, whether complete or auxiliary.

From time immemorable, so to speak, pessaries of great variety of forms and material have been used in the treatment of displacement of this most important organ, the uterus; but Dr. Hugh Hodge, of Philadelphia, was the first to properly appreciate the true principle of shaping and adapting the instrument to the axes of the vagina and straits of the pelvis.

Until his work, "Diseases of Women," was given to the profession, no instrument was extant that fulfilled the indications in this class of cases.

The Hodge pessary, so familiar to us all, has, however, undergone many modifications and the reasons for this are easily explained.

No gynecologist who has enjoyed a large practice has failed to encounter cases in which the Hodge pessary, as perfect as it is, has not fallen short of meeting every indication; hence he has felt himself not only warranted, but called upon to so change the original shape as to enable him to adapt it to the case in hand.

In 1862, conceiving the idea that the pessary would be better retained in position by depressing its sides, so that the circular muscular fibres of the vagina would apply themselves to the centre of the instrument, and thus fix it and obviate the slipping that occurred when the original was used, I gave to the profession the results of my ideas and experience. And later on, in 1863, discovering that in certain cases, particularly if the instrument happened to be a little too long, the inferior bar had a tendency to compress the urethra and give rise to trouble in the act of micturition, I depressed this portion also, which entirely overcame the difficulty.

On visiting London, however, in 1864, and meeting my friend Dr. J. Marion Sims, and comparing notes, he assured me that he had adopted the same expedient, and I, therefore, never attempted to establish my claim to the improvement.

Before and since these modifications, as we have already said, many others have been made by different gynecologists. Among those who have given special attention in this direction I will mention James Y. Simpson, of Edinburgh, Dr. Albert H. Smith, of Philadelphia, Drs. T. G. Thomas and Montrose Pallen, of New York, each from his standpoint either taking from or adding to the original instrument of Hodge, in accordance with his peculiar views as to improvement. The former of these gentlemen was in the habit of modeling his instruments in gutta-percha, for each individual case, which plan has its advantages inasmuch as it enables the practitioner to take cognizance of the peculiarities of indications and adapt or model the instrument accordingly.

This method consists in simply softening the refined gutta-percha, by placing it, for a few minutes, in hot water, and when of a doughy consistence, rolling on a table or other smooth surface, until a proper thickness, then bringing the two ends together, so as to convert it into a ring. This done, you can give it any curve or curves required, and, while holding it in proper shape, immersing it in cold water, which immediately hardens it and gives you the instrument perfect, which we shall presently practically demonstrate.

Dr. Smith adopted the special features of both the Hodge and the Simpson pessary, producing, in some particulars, a superior instrument to either, and yet not without its faults.

But, as has occurred to each of us, cases present themselves from time to time, in which neither of the instruments extant seems to fulfill the requirements, and of these there is a class

that perplexes and annoys us more than all others; it is that which is attended with great sensibility, due occasionally to a neurotic condition, but more frequently to a subacute or chronic inflammation of the parenchyma of the organ itself or the tissue surrounding it.

Under the latter condition no one doubts that we should tarry before resorting to mechanical supports, and address our remedies to the end of subduing the inflammation, and yet, when this is accomplished, for many months the tenderness is liable to continue, while the displacement contributes to its maintenance; therefore, we consider it to be of the first importance, whether the case be one of neurosis, due to retroversion, or an inflammation, subacute or chronic, due to the same or other cause, that we should replace and retain in position the displaced organ.

To meet this indication and avoid pain and irritation we have devised and used for many years the instrument here shown; it is simply Smith's pessary, shorter than usual, with the upper almost angular curve or arm so straightened as to conform merely to the curve of the floor of the vagina, while springing from the lateral bars we have two segments of watch spring, supporting at their upper extremity a bar of hard rubber, which is designed to rest in the fornix of the vagina and uterus posteriorly; in a word, the instrument is so constructed as to be of the general form of Smith's, only less angular and provided with two springs, which give it an elasticity that enables the wearer to tolerate its presence without pain or inconvenience.



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RETROVERSION.

All of us have observed that in the mechanical treatment of *acute* version and flexions, whatever be the cause or attendants, we are much more liable to encounter this extreme tenderness, or sensibility that has been described, than in *retro*-versions and flexions. This increased sensitiveness is in many instances confined to the bladder, through which the pressure, in the employment of all mechanical supports, must be exerted upon the uterus; hence any fixed support or point of pressure, such as is furnished by all *acute* version and flexion pessaries that have

fallen under my observation, is unbearable. And what applies to the bladder will also hold good as to the uterus itself.

Suppose that from long continued displacement irritation is set up, aided as it is by many other factors, or that from the presence of a small fibroid in the anterior wall of the uterus the organ is bent forward and its fundus carried downward; the structures are liable to become the seat of great irritability and tenderness, and the sympathy of contiguity becoming great, there is no relief except through mechanical support, so adjusted and directed as to secure the elevation of the fundus of the displaced organ from exerting pressure on the bladder, and a replacement of the uterus.

In order to accomplish this most desirable end I have devised this instrument, which in construction is similar to the retroversion, except that



the direction of the watch springs is reversed, and the ordinary Smith pessary is employed as the bed or support of the springs, without any modification of the superior arm or angular curve of the original instrument. I should have mentioned before that the springs in both my instruments are coated with rubber and baked, so as to render them imperishable.

After nearly twenty years' of experience in the use of this and the original instrument from which this has been taken, and which was made much more clumsily, of silver, I have no hesitation in saying that while it may not, and does not in some cases, answer the purpose, yet it is far, very far, the best I have either used or seen used.

As a law it can be well borne by the most sensitive uterus and nervous patient, giving great relief and comfort, and serving as an invaluable auxiliary in the treatment of these most troublesome and common of all the disorders of women.

The next condition of the uterus of which we shall speak is one which, though met with occasionally, either escapes detection, or is considered of too little importance to receive attention at the hands of authority. I allude to *double curvature*

of the cervix uteri, consequent upon *atony* of the organ and its annexa.

As we announced at the beginning of this paper, we do not design entering into the etiology and symptomatology of these troubles, but merely to call your attention to the fact of their existence, and perhaps, in this instance, to the diagnosis, whatever the symptoms leading to physical examination be. On introducing the finger per vaginam, the os uteri will be found looking forward, the cervix elongated and resting on the posterior wall of the vagina, and so far as a diagnosis can be made through this medium, the case is one of *prolapsus with curvature*. When the speculum is introduced and the sound employed, the latter will be arrested in its progress at a point about one-half to three-quarters of an inch from the external os; by changing the direction of the handle, either depressing or elevating it, according to the judgment of the operator, the instrument makes another advance for the same distance, and is again arrested; changing for the third time the direction of the sound, and perhaps, reversing the position of the concavity of the instrument, it will finally pass the internal os, into the cavity of the body of the organ.

This class of cases was first described by me in the *Medical Press*, of San Francisco, in 1859 or 1860, since which we have met with this condition at least twenty or thirty times, and, as has been said, although it must have been met with by others, I have no knowledge of any written authority on the subject.

The treatment of these cases consists in tri-weekly introductions of the sound or stiff English elastic bougie, as large as the canal will admit, assisting its introduction by straightening the organ, either by pushing the fundus up with the index finger of the left hand—a sponge holder, depressor, or other such means, or drawing the organ down with a volsellum forceps through a Sims speculum, allowing the bougie to remain ten or fifteen minutes each time, which being a foreign body, acts as an irritant, inviting an afflux of blood to the parts, inducing active congestion, and through the distention of the vessels overcoming the curvatures, rendering patulous the cervical canal and relieving the dysmenorrhœa that always accompanies the case.

While this treatment with the sound frequently accomplishes the end in view, a much more reliable means is the "galvanic intra-uterine pessary," first introduced to the profession, so far as I know, by Prof. James Y. Simpson, of Edinburgh. This instrument consists of a staff, the upper half of which is zinc, while the lower



half is copper (one of which I here exhibit); the supposed action of this instrument is as a small "galvanic battery," inducing a feeble current, which, in its effect upon the uterus, as you can well understand, is excitant, attracting blood to the part and imparting tone to the organ; but, as is well known to all who have given study to the subject of "galvanism" and electricity, the current always takes the shortest route from the zinc plate or generator to the copper or keeper; hence, as the staff is divided, or rather, is united in the centre at its short diameter, the current amounts to but very little.

An improvement upon this instrument I made some years ago, which I have found to render the pessary (as a battery) much more powerful and efficient; it consists, as I here show you, in



GALVANIC PESSARY.

running the plates of zinc and copper longitudinally, separating or insulating them by the interposition of a thin sheet of hard rubber; by this arrangement we obtain action along the entire length of the staff, instead of, as in the other instrument, at one small point, and consequently it must be more effective.

This instrument is, for the most part, easily introduced, by drawing the uterus down through the Sims speculum, which straightens the canal, and when employed should, for the purpose of cleansing it, be removed at least once a week.

During the use of the galvanic pessary it is needless for me to say that a properly directed constitutional treatment, as in most uterine troubles, is indispensable.

Before leaving the consideration of this little, and, as I think, invaluable instrument, allow me to trespass upon your time briefly, while I describe another condition, in the treatment of which I assert it has no equal, and in which, so far as my experience goes (it having been large), it never fails. This is a broad assertion to make, but I feel that my observation justifies it. I speak of *super involution*, or that condition which sometimes follows delivery at full term, in which the physiological process through which the enlarged uterus is absorbed and restored to its original and normal state is carried too far, and atrophy results.

These cases, in my experience, have been invariably attended with cachexia, and an indefinite suspension of the menstrual function.

So frequently have I met with these cases, that now, when a woman consults me with the following history, namely: that she was delivered at full term of a healthy child (at a period variously remote, from one to many years), and that her recovery, or "getting up," was entirely satisfactory, and that since she has weaned her child no return of menstruation has occurred, and that she is growing weak, pale or anæmic, with cold feet and hands and a tendency to hysteria, no unusual indisposition having expressed itself during the time, I always suspect, and am usually right, that she is the subject of *super involution*. An examination and the employment of the sound soon determines the fact.

The treatment of these cases consists distinctly in the persistent use or employment of the "galvanic intra-uterine pessary," beginning with one of such length as will agree with the measurement of the uterus as ascertained through the sound, and gradually increasing their length as the organ develops in size, which, as has been said, *will result*, and that in from two to three months. I have in this way, after an absence of the menstrual function for five years, restored the uterus, which at first measurement was but one and a quarter inches in length, till finally at the end of three months it measured two and three-quarter inches; the menstruation returning, and in due time pregnancy supervening.

The notes of a number of such cases justify me, I repeat, in commending the galvanic pessary in their treatment.

We now come to the consideration of an affection familiar to all of you, viz., menorrhagia and metrorrhagia due to granular inflammation or degeneration of the endometrium, ulcer, cancer, and fungous degeneration of the mucous lining of the uterus. Without entering into detail as to the means of diagnosis at our command, and presuming that this has been arrived at, whether it be one or other of these diseases that gives rise to the excessive hemorrhage, the indication is distinctly the same in each, viz., to remove the cause, so far as may be possible, by destroying the bleeding, diseased surface and establishing a healthy action in the tissues beneath.

To generalize, the curette, Vienna paste, chloride of zinc, and other escharotics and astringents of every kind, and finally the actual cautery, have each had their advocates, and doubtless each has been productive of good in the treatment of these cases; without descanting on their relative merits, suffice it to say that where granular or fungous degeneration, ulcer or cancer exist,

and can be brought into view, even though the sponge tent be necessary as an auxiliary aid or means, most authorities agree that the actual cautery is invaluable, and perhaps the most reliable agent in the treatment of these diseases.

When this is the conclusion of the practitioner, the question arises, how best to employ it?

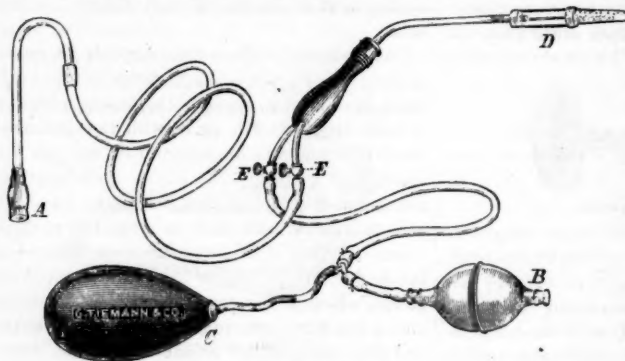
We have the ordinary brutal instrument, the *iron*, heated by means of the flame or fire, and blow-pipe, which generally cools before it can be applied. We have the thermo-cautery of Paquelin, of Paris, which, although a good instrument when it works, *never works when wanted*. We have the gas jet, which has been recommended

to regulate the proportion of each in such manner as will secure perfect combustion. These metallic tubes traverse the handle, and are merged into one, so that when the flame reaches the cautery point, D, you have the highest degree of heat obtainable. Thirty seconds of time is all that will be required to produce a beautiful red heat, which experience teaches is the most desirable, since with a white heat we are liable to have hemorrhage.

The handle, it will be observed, is so bent as not to admit of the hand coming into the field of vision. Should the air bag become exhausted it may be refilled easily by employing the bulb-pump, without interrupting the operation.

In the employment of this cautery any ordinary speculum may be used, or the speculum of Sims, which enables you to bring the uterus down, thus straightening the canal, avoiding danger, and facilitating its application.

The after treatment of all cases in which the cautery may be employed, whether local or constitutional, will, of course, receive the attention of the attendant.



AN IMPROVED CAUTERY.

by Thomas and others; but this requires a double speculum, between the walls of which a stream of cold water is kept running, at great inconvenience to all parties. And we have what I now introduce to you, an instrument which is easy of manipulation and *never fails to work*.

The principle involved in its construction is not new, but the application of it in these treatments and the improvements I have made are *new*, and I am prepared to say that, under every circumstance, so long as you can command a supply of ordinary illuminating gas it will work to the entire satisfaction of the operator.

It consists of a goose neck, A, which is to be applied to an ordinary gas fixture. Through a rubber tube, connected at one extremity to this goose neck, and at the other to a metal tube at the handle, E, the gas is conveyed to the instrument. To another metal tube, at the handle, E, we have another rubber tube, which conveys the atmospheric air from the reservoir, C, the reservoir having been previously filled by the bulb-pump, B. The two metallic tubes, EE, at the handle, are furnished with stop-cocks, so as to give the operator complete command of the supply of both air and gas, thus enabling him to

## HOSPITAL REPORTS.

### PENNSYLVANIA HOSPITAL.

CLINICAL LECTURE, BY PROF. D. HAYES AGNEW, M. D., MAY 7, 1881.

(REPORTED BY GUY HINSDALE, M. D.)

#### Case 1—Severe Injury of the Head, Followed by Removal of a Large Sequestrum

This lad was admitted a week ago, presenting two fistulous openings in the scalp: one to the left and slightly below the median suture, the other on the same side, shorter and just above the temporal ridge. The abscess discharged through the fistulous opening for several months. The boy had fallen from a row of bannisters, striking his head and remaining insensible for a number of days. This insensibility was followed by paralysis, a paralysis of the right side. He has now, you see, nearly recovered, and is able to go about.

The pus collected between the scalp and the bone. Upon introducing a probe, the skull was found denuded. Dr. Harte made an incision and removed this circular piece of bone, which, you see, is about two inches and a half in diameter.

Now, what happened to produce insensibility when this lad was struck? Several things happened. There was a terrific shaking, a jar or con-

cussion of this part of the brain. In an hour, or even in ten minutes, a man may entirely recover. The man staggers, perhaps falls, and for a few moments is bewildered and confused; his head aches, and possibly he is sick at the stomach; but the patient recovers, and is soon able to go about as usual. This is a jar or shaking of the neurine, but just what constitutes such an accident it is difficult to say. The structure is disturbed, but in a short time the stunned man recovers perfectly. No critical method that we have for investigating tissue structure can detect the slightest alteration. I illustrate it by a magnet which has lost a portion of its magnetism, owing to a change of molecular arrangement.

This lad's unconscious condition continued several days. The blood vessels of the cranium and brain were paralyzed. The lumen or calibre of the vessels depend, as you know, on a central regulation by the nerves. Their power may be temporarily suspended by the force of concussion; the muscular power of their walls is lost and the blood rushes in. A large effusion of serum now takes place, and symptoms of compression are produced. The patient cannot be roused or waked up; there is complete unconsciousness. The effusion may be gradually absorbed as the nerves are restored, the symptoms abate, and, in the course of a few weeks, the patient perfectly recovers.

In this boy compression was well marked; he was oblivious to all impressions. Paralysis upon one side was complete. This may be from a variety of causes, as from an effusion of blood, and in this instance such was the case. Where did the blood come from? Probably, in this patient, from a rupture of the blood vessels in the separation of the dura mater from this piece of skull to which it was attached. If you will look at a dura mater freshly exposed you will find it dotted over with minute apertures, the openings of blood vessels. You can also see the prolongations of fibrous material which hold the dura mater in contact with the skull. There are, then, two connections, vascular and fibrous. The force is transmitted through the skull and detachment of the dura mater ensues. As the blood exudes, drop by drop, between the dura mater and the skull, this internal periosteum is still further separated and there is produced, in a very short time, well-marked symptoms of compression.

This boy was paralyzed for three days, and this occurred on the opposite side, viz., the right. We can, from the paralysis, usually predicate the place of lesion, although there are a few exceptions; nevertheless the general rule holds true.

What follows? The force which crushed the scalp has deprived the bone of its periosteum. It detached the dura mater, and the bone is therefore separated from its membranes upon both sides. Consequently, what happens? Death of the bone. It does not follow that, when on one side or the other the periosteum is detached, the bone dies, but when they both are detached it is certain to die. The bone, however, may die if only the dura mater is separated.

The effusion was absorbed; the boy has recovered his power and is comparatively well. Turn off the scalp and see the surface exposed and the

work of repair going on. How does the wound fill up? By granulations. From what! From the dura mater. The surface is white or opaque, and the blood-vessels can be seen. The cicatrix will gradually contract and leave a depression upon the surface of the skull. These cicatrices sometimes have earthy matter but never actual bone. The fibrous tissue resulting serves to protect the brain beneath. That the brain can resist changes of this kind shows the great value of its investing tissues.

#### Case 2.—Compound Fracture of Radius and Ulna.

This patient has just been admitted. He says that he works in a factory and that his arm became entangled in the belting of the machinery. These are often terrific wounds; sometimes the arm is vulsed from the body. I have seen the entire arm torn off at the axilla.

There is an external wound here. As I lift the arm you see it falls over to the ulnar side. Both bones are broken. I feel for the ulnar artery and the radial, to see if they are injured. The radial artery beats and the other also. What is the treatment? Readjust the fragments, close the wound, and convert the case into a simple fracture. The difference between the conditions in compound and simple fracture is just the same as the difference between that in an open ulcer and in a subcutaneous section of tendon. When there is much laceration of the muscular tissue and skin, it is impossible, sometimes, to close up the wound. Here, we will draw up the parts and try to convert it into a simple fracture. Watch and see that the pus does not burrow between the muscles. I often recommend a simple dressing of white of egg, or compound tr. benzoin. It forms a crust over the wound and excludes the air. Splints for the anterior and posterior aspects of the arm, using no pressure. Cut an opening where the splint overlies the wound, and pack well with lint and oakum. We use two splints. If we flex the forearm when the anterior splint is put on, you see it cannot strike the arm in any respect. Then the upper and lower ends are padded, to prevent excoriation. Placing the hand between pronation and supination, we adjust a sling and place the arm across the chest. Watch to see that there is no excoriation. Probably, to-morrow, the swelling will be very much greater than to day. If we fail to close up the gap the wound can close only by granulation tissue, a much slower process.

#### Case 3.—Urethral Caruncle.

Here is an interesting case. Although I have been connected with this hospital for twenty years, I have never seen a case like the one I show you to-day. This man, before his entrance to the house, had been having a bougie introduced into his urethra. He had been treated for stricture, and eight days ago this stricture had been divided by the knife. Since that time he has had severe hemorrhage. You see how pale he is. Before the operation, he says he could pass a stream as large as a goose quill. We hear a good deal, nowadays, about strictures the natural size of the urethra, through which Nos. 28 and 30 bougies can pass, but in my opinion these can be discerned only by the eye of faith!

'Tis possible there was a stricture; possibly it was this very thing that was cut that gave the free bleeding. When the loss of blood is serious, introduce a catheter and make compression over that; but in this case that was not sufficient. Dr. Harte slit up the urethra, upon its dorsal aspect, and found, half an inch from the meatus, a large caruncle. This may have produced narrowing of the tube. The caruncle was cauterized, the wound was closed by two pins, and the parts held in apposition by figure of eight sutures. That settled the question of hemorrhage.

It is highly probable that unless something had been done the man would have bled to death.

This case was new to me. I have seen small vascular growths at the meatus urinarius, but this was at one-half the depth of the glans penis. These polypoid tumors of the urethra are said to be due, occasionally, to leucorrhœa and gonorrhœa, but they commonly arise irrespective of such disease. They consist of hypertrophied papillæ, being composed of a spongy, erectile tissue, are freely supplied with nerves, very vascular, and, as was true in the case before us, often bleed freely when injured. They are of slow growth and seldom exceed a small raspberry in size.

Caruncles are far more rare in men than in women, and it is astonishing what a vast amount of suffering they sometimes give rise to. Patients will commonly complain of pain during micturition and at coition. Women of the most cheerful disposition will, in the graver cases, grow peevish, despondent and morose, and are the victims of the greatest mental and bodily distress.

What can be done to remove them? When they are attached by a pedicle, a snip of the scissors is all that is required. It may be necessary, in some cases, to dilate the canal in order to reach the growth. Where there is no pedicle, cauterization is the best treatment, and, as in the present instance, where dilatation is not admissible, you will have to expose them with the knife.

It is not possible for any man to say that he has seen everything that is likely to occur in surgery. Come into my wards and I will show you a little lad who has emphysema of the scrotum, and emphysema up to his axilla. We often see emphysema of the side, but I never saw emphysema of the scrotum. He has a broken rib. The lung is injured; air has escaped through the opening, and has pervaded the cellular tissue low enough to fill the scrotum.

#### Case 4.—Ulcer on the Leg.

It is proper that you know the result of operations done in this hospital. I show you to-day the man on whom the operation for strangulated hernia was done a few weeks ago. He has recovered from his strangulation and from his operation.

This same patient has two ulcers on the leg; one quite extensive and the other not so large. In the dispensary, where so many cases are treated, it is the commonest affection we have to deal with, and by far the most frequent seat is upon the leg. Their occurrence here is due to several causes. This is the lowest portion of the body and the most exposed to injury. Over

the subcutaneous surface of the tibia there is very little cellulose-adipose tissue, and bruises here are apt to be followed by trouble. Then the veins are acting under great natural disadvantages. If their valves give way we have the whole column of blood pressing upon these walls. But in this case the ulcer does not depend on these causes. This patient has had a compound, comminuted fracture of the leg. I would caution you to be lenient toward your fellow practitioners in cases where there is deformity after fracture. In many cases there is necessarily deformity, and that, too, very considerable.

The ulcer depends on one of two causes, upon necrosis of a fragment, or upon displacement, where the skin is stretched and attenuated and breaks down. We have here both causes. The fragment is very near to the surface. It is possible that the ulcer is partly due to that. Then, you see, the probe goes deep into the soft, spongy tissue of the bone. The ulcers are due to the presence of diseased bone.

What is to be done? They will never heal up till the bone comes away, just as no ulcer will cicatrize in the presence of a foreign body. Caries may involve a considerable portion of this bone. We will let him alone till the fragment is detached and the ulcer is healed. It may be many months before this is accomplished. Protect the part from damage by a soft dressing. This ulcer is being treated with carbolized oil.

There is no use whatever in strapping an ulcer of this kind, but we will wait for the carious bone to be discharged.

#### Case 5.—Oblique Inguinal Hernia.

This patient has a very marked swelling in the left scrotum. I find it soft and baggy. When I put my finger upon it, as he coughs, I find that there is a distinct impulse communicated to the hand as though something were shot into it. The patient says that he has had the swelling six years, but that "it won't go up this time." I place my thumb on one side and fingers on the other, and, with the other hand grasping the body of the tumor, I draw it slightly downward and outward, and then, by making a gradual but firm compression of the mass, with a gurgling noise it slips back. This is, then, a reducible hernia. The patient says he has slight nausea and vomiting. Men who have hernia occasionally complain of this.

It is an oblique inguinal hernia. A proper truss should cause no excoriation, as this has done. All that is necessary is that the pad should compress the canal. Nothing can pass out when I make pressure here. All this man needs is a judiciously applied truss.

—Miss Jennie Brown, the fearless nurse, who devoted herself to the care of the sick while the yellow fever was raging at Grenada, Memphis and New Orleans, has just come into possession of a fortune by the death of her father, an eccentric old man, who hoarded his gold, and refused to live in any kind of habitation but an old canal boat.



## MEDICAL SOCIETIES.

THIRD ANNUAL CONGRESS OF THE  
AMERICAN LARYNGOLOGICAL  
ASSOCIATION.

Held in the Hall of the College of Physicians, Philadelphia, May 9th, 10th, and 11th.

REPORTED FOR THE MEDICAL AND SURGICAL REPORTER.

The meeting was opened by the President, Dr. J. Solis Cohen, Monday, May 9th, at 10 A.M. After the roll call, Dr. Harrison Allen, the Chairman of the Local Committee, read an address of welcome, which was followed by the president's address. In it, Dr. Cohen called attention to the progress made in laryngology, and especially in the literature of this specialty, during the past year. He stated that there was now published a journal exclusively devoted to laryngology in America, and one in France, and that in the near future, one in Germany and one in England could be expected to appear. He also congratulated the Association on the large amount of original work done by its members during the past year. Attention was then called to the methods of illuminating the larynx by means of electricity, which had been introduced during the year; to the method of reducing the sensitiveness of the fauces by means of the ether spray; to the treatment of nasal diseases with cinchonidia and salicylate of quinia in powder; to the treatment of follicular pharyngitis and hypertrophy of the tonsils by galvano-cautery, and other novelties in laryngology, and then read an obituary notice and biographical sketch of Dr. Davis, of Chicago, the founder of the Association and its first Vice President.

Dr. F. I. Knight, of Boston, then read a paper on lupus laryngis, in which he reported three cases of the disease, one in which the laryngeal lupus followed lupus of the face, one in which the order of sequence was reversed, and one in which no external manifestations of the disease were noticed, making this case rather doubtful. The doctor gave a minute account of the clinical features of these cases, and showed colored drawings of the laryngeal images.

Dr. Morris J. Asche, of New York, then read a paper on "Lupus of the Pharynx and Larynx," in which he first gave a report of a case of lupus of the pharynx without external lesions, and then gave a very clear résumé of what has been written on the subject. He stated that the disease was not as rare as was generally supposed, and that this supposition might be explained by the fact that different authors use different names for the affection. He further stated that the disease was more frequent in females than in males, and that lupous ulcerations usually made their appearance first in the velum palati, which fact was important in the differential diagnosis between this affection and syphilis. The prognosis, the Doctor said, was always unfavorable, and the treatment should be supportive, and locally, solid nitrate of silver and other astringents should be used, with a view to heal the ulcerations.

Both papers were discussed together, and in the discussion Dr. Lefferts, of New York, said that the differential diagnosis between lupus and syphilis of the larynx and pharynx was extremely

difficult, and that he would regard every case in which there were no external evidences of the disease as doubtful, and would be inclined to regard the ulcerations as of syphilitic nature.

Dr. Andrew H. Smith, of New York, then read a paper on "Certain Neuroses of the Throat." The first of these was neuralgia, manifested in an aching pain of a remittent character, and which may or may not be associated with venous congestion of the mucous membrane. The neurotic character, he said, was apt to be overlooked in these cases, and a great deal of local treatment uselessly applied, while it should be treated as neuralgia.

The second class of neuroses comprises those cases in which the patients complain of various forms of deceptive sensations in the throat, such as a feeling of constriction or of a pressing backward of the larynx, or a feeling as of a strong pulling in one direction or another, and so forth. These sensations, the Doctor said, might possibly be explained as paresis of certain muscles, leaving others without sufficient antagonism. The third class comprises those cases of tickling in the throat, frequently not connected with any ascertainable cause of irritation, either local or reflex. The author stated it as his belief that this tickling was often the earliest symptom of laryngeal phthisis, and that it had been observed to occur on the same side on which pulmonary trouble appeared subsequently. As treatment for these cases, he recommended sedatives, tonics, and change of air.

## AFTERNOON SESSION.

The first paper was read by Dr. Beverly Robinson, of New York, "On Laryngeal Affections of Pulmonary Phthisis," in which he called attention to the peculiar pallor of the mucous membrane noticed in these affections. He then pointed out the different causes of aphonia in phthisical laryngitis as being first a change in the muscular tissue of the muscles of the larynx, causing paralysis of the cords; second, ankylosis of the crico-arytenoid articulation, and finally, the ulceration and infiltration of the mucous membrane. The Doctor further stated that ulceration of the epiglottis gives rise to painful deglutition, and that ulceration of the intra-arytenoid commissure produces cough and mucopurulent expectoration. The ulcerations of phthisis, he stated, were characteristic, which character differentiated them from syphilitic ulcerations. He also mentioned papillary growths in the intra-arytenoid space, as a symptom of phthisical laryngitis, which produces paroxysms of cough, but unless they were very large, should not be removed by evulsion, as they were sure to be reproduced within a short time. The paper was concluded with a consideration of the differential diagnosis between phthisical and syphilitic laryngitis, and the author, in this connection, stated it as his opinion, that tubercular disease in the larynx was extremely rare, if it occurred at all. The curability of the affection under consideration depends upon the stage as well as upon the mode of treatment adopted, and that tracheotomy as a palliative measure, in phthisical laryngitis, was perfectly justifiable and frequently indicated.

Dr. W. Porter, of St. Louis, then read a paper on "The Prognosis of Laryngeal Phthisis," which was a plea in support of the assertions made by him and combated by others, that laryngeal phthisis is often curable. The Doctor gave an account of several cases of undoubted laryngeal and pulmonary phthisis which had been cured.

Dr. Frank H. Bosworth, of New York, then read a paper on "Tubercular Ulceration of the Mouth, with Report of Cases." After having given a minute history of several cases of tubercular ulceration of the mouth, pharynx and tongue, and having reviewed some of the literature on the subject, the Doctor gave it as his opinion that tubercular ulcerations in these localities were characteristic, and unlike any other ulceration, that they were the local outbreak of a general dyscrasia, and that they might precede or be contemporary with the lung symptoms.

A lengthy discussion followed the reading of these papers, during which Dr. Smith, of New York, said we should be careful not to mistake catarrhal for phthisical laryngitis. That in his opinion the laryngeal affection in these cases was usually an inflammation of the mucous membrane, dependent upon the general dyscrasia for a cause, and that the appearance of ulceration was a sign that the parts had been irritated. He thought that in advanced cases the prognosis must necessarily be very bad, but that there might be hope for those in the earlier stages.

Dr. Glasgow, of St. Louis, said that he was very skeptical as to the existence of tubercle in the larynx, and then expressed his views as regards the pathology of the tubercular process.

Dr. Roe, of Rochester, said he had never seen a case get well which had progressed to the stage of ulceration.

Dr. Johnson, of Chicago, said that there should be no difficulty in diagnosing laryngeal phthisis, but that in the incipient stage it might be confounded with catarrhal laryngitis, and that in these cases he relied chiefly upon the temperature. In regard to prognosis, he thought it was always grave, and he had seen but one case of laryngeal phthisis get well.

Dr. Shurly, of Detroit, said that the prognosis depended altogether upon the diagnosis, and that he had seen cases of chronic laryngitis resembling phthisical laryngitis with ulceration. In his experience, true phthisical laryngitis was always accompanied with tubercular deposits somewhere in the system, and was always fatal.

In closing the discussion, Dr. Robinson said that the inference to be drawn from the discussion was that there were cases of cured laryngeal phthisis; and, if such, we should treat our patients with that view. Dr. Porter stated that he had nothing further to add; and Dr. Bosworth said that the more gentle the local treatment of such cases the better would be the result.

After this, the session was adjourned till next day, and the members invited to dine, in the evening, with the President.

#### Second Day.

The session was opened with a business meeting, after the close of which Dr. Louis Elsberg, of New York, read a very interesting paper on

"The Histology of Cartilage in general, and of the Thyroid Cartilage in particular." The paper was illustrated with a number of excellent drawings by the author. Dr. Elsberg next exhibited an apparatus for illuminating the larynx, which consisted of a metal cylinder fitted with a bull's eye condensing lens. This cylinder could be used in connection with the lime light, argand gas burner, or student lamp, and gives a very beautiful light. He also exhibited and explained Trauve's galvanic accumulator, for galvano-cautery purposes.

Dr. W. C. Glasgow, of St. Louis, then read a paper on "the Operation for the Deviation of the Nasal Septum," and showed a new instrument for performing the operation of cutting and crowding back into its original position the cartilage, which is afterwards retained there by wooden plugs introduced into the nostril. The instrument, which had been devised by Dr. Steel, of St. Louis, consisted of a pair of forceps, one blade of which was flat, while the other was furnished with several knives, arranged in star shape upon the blade. In operating, the smooth blade is introduced into the obstructed nostril and the cutting blade into the free one; the forceps is then closed, when the knife blades cut through the cartilaginous septum.

During the discussion which followed this paper, Dr. Jarvis, of New York, said that he had divided the deviations of the septum into three varieties, viz., localized anterior, localized posterior, and general deviations, and that he was in the habit of operating for the removal of the localized ones by transfixing them with a needle and then cutting them off with his wire snare.

Dr. Shurly said that he operated by loosening the mucous membrane and then cutting a triangular piece out of the septum.

Dr. Bosworth said that, in his experience, cotton could, with advantage, be substituted for the wooden plugs for retaining the septum in position after the operation.

Dr. Carl Seiler, of Philadelphia, then read a paper on "The Effect of the Condition of the Nasal Cavity upon Articulate Speech," in which he pointed out the fact that partial or complete stenosis of either the anterior or posterior nares could be diagnosed by the sound of speech. He also exhibited a galvano-cautery knife to be used in the treatment of nasal catarrh, in which the two wires were insulated from each other by vulcanized fibre, a substance which is not affected by heat, and which is a perfect non-conductor of electricity.

In the afternoon, Dr. Roe, of Rochester, read a volunteer paper on "Laryngeal Whistling;" and Dr. Glasgow reported a case of paralysis of the abductor muscles of the larynx, of central origin.

Dr. Clinton Wagner, of New York, then read a paper on "Sub-hyoidean Pharyngotomy for the Removal of the Epiglottis," with illustrative case. He gave a minute account of the details of the operation, as it had been performed by him in a case of malignant growth of the epiglottis. In conclusion he stated that the epiglottis was not necessary in the act of deglutition.

Dr. Geo. M. Lefferts, of New York, then read a paper on the question of "Hemorrhage after

Tonsillotomy," in which he stated that hemorrhage after ablation of the tonsils was not frequent, that dangerous bleeding might occur, but that it could generally be controlled by pressure upon the larger vessels or by torsion of the bleeding branch, and that fatal hemorrhage was extremely rare.

A paper by Dr. Jas. E. Sajous, on "Paralysis of the Vocal Cords due to Lead Poisoning," was then read by title, after which the session adjourned till next morning.

In the evening the members of the Association were entertained at a reception given by the Philadelphia Laryngological Society, at the rooms of the Penn Club

### Third Day.

The session was opened by the reading of a paper by Dr. William C. Jarvis, of New York, on "Hyperæmia of the Larynx," which was followed by a paper on the comparative value of atomized fluids in the treatment of the diseases of the larynx, in which he questioned the general usefulness of sprays, and suggested a new method of using the spray, which consists in telling the patient to close the lips around the tube, and to breathe through the nose.

Both these papers were discussed together, and the discussion proved to be chiefly technical in character. During the discussion, Dr. Delavan, of New York, exhibited a spray tube for throwing the atomized liquid into the vault of the pharynx, which he thought was superior to the tube in general use.

A paper, by Dr. W. H. Daly, on the "Relation of Hay Asthma to Nasal Catarrh," was then read by title, after which the Association went into private session for the election of officers for the ensuing year.

Dr. F. I. Knight, of Boston, was elected President; Drs. Shurly, of Detroit, and Porter, of St. Louis, Vice Presidents; Dr. Lefferts, of New York, Secretary and Treasurer; Dr. Bosworth, of New York, Librarian; Dr. Harrison Allen, of Philadelphia, to fill a vacancy in the Council. The next annual meeting is to be held in June, 1882, at Niagara Falls.

In the afternoon most of the members went on an excursion, by special train, to Atlantic City, where they were entertained at the Seaside House and the Brighton Hotel, returning to the city about midnight.

### MEDICAL SOCIETY OF THE THIRD CONGRESSIONAL DISTRICT OF INDIANA.

Reported for the MED. AND SURG. REPORTER.

The Society met at Jeffersonville, Ind., May 4th, the president, Dr. J. L. Stewart, in the chair. Dr. N. Field read a report from the Committee on Practice.

Dr. C. N. Nutt reported the case of a female patient, aged 49, suffering from double sciatica, to whom one-third of a grain of morphia sulphatis was administered hypodermically.

In less than one minute after the needle was withdrawn very alarming symptoms of narcosis supervened. The symptoms lasted for six hours, despite active resorts to restoratives.

Extreme nausea, vomiting, and epigastric dis-

tress persisted for five days, when they gradually abated, and the lady advanced to a permanent recovery.

Dr. G. W. Burton, of Mitchell, Ind., next reported on the subject of medical legislation in Indiana, saying that the subject had engaged the attention of the General Assembly for nearly a quarter of a century, that in the last eight years over forty "bills" had been introduced, and in turn, each had failed. He thinks this is due to the fact that the profession is not yet ready for a law upon the subject. The opposition includes unrecognized homœopaths, eclectics, physio-medicals, corn doctors, cancer doctors, itinerants, and a considerable number of "weak-kneed regulars." These were all agreed in opposing everything. Regulars could not and would not agree upon any bill. Indianapolis was opposed to the bill presented by Dr. Hibberd, Chairman of the State Society's Committee. The colleges opposed a law requiring an examination of their graduates. Quite a number wanted nine examining boards, others four, others one, and still others none. Dr. Yancey's bill, of the Senate, provided for nine boards. Dr. McIntosh's, of the House, provided that the county clerk of each township, from the evidence presented, should determine as to the fitness of all applicants, and for such as were qualified, should put the seal of the county on their certificates as evidence thereof. With this great difference in the ranks of the regular profession, it can readily be seen that it is impossible to accomplish anything. If there is to be a law to protect the people of this commonwealth from the great army of "quacks" now infesting every part of it, the regular profession must first agree as to what that law shall be, and then, as a body, demand it.

Dr. W. O. Roberts, of Louisville, reported a dislocation of both hips, in a man sixty-three years of age, the right one in the dorsum of the ilium, and the left in the obturator foramen. The accident was caused by a pile of lumber falling on the man while he was in a stooping position. Reduction was accomplished by Reed's method, practiced while the patient was upon the floor. He spoke of the great advantage of Reed's method over that of extension and counter extension. The right limb became paralyzed, which was due to the injury received by the nerve at the time of the accident. But now (two years since the accident) the man is able to walk with the assistance of a cane, and is at present attending to light work in the lumber yard.

Dr. L. S. Oppenheimer, of Seymour, reported a case of xenomenia following spinal injury—atrophia uteri—operation. The patient, aged nineteen, began menstruating in her thirteenth year. Two years ago she was struck on the back, in the lumbar region, by a fire shovel; spinal caries set in, resulting in an abscess and in partial paralysis. The menses remained absent until an operation for caries was performed by Dr. J. M. Holloway, of Louisville, and a supporting apparatus applied; after this, whenever the menstrual period returned the patient suffered from cephalalgia, stupor, etc., until profuse epistaxis (vicarious menstruation) set in and relieved the cerebral symptoms. This continued for several days, and

then gradually ceased. Each menstrual epoch has been marked by these phenomena since that time. An examination of the generative organs revealed marked atrophy and atresia of the uterus. I forced an entrance into the uterus by means of a small sound, and maintained it patent by appropriate treatment. The following menstrual epoch came on, beginning with the cerebral symptoms and slight epistaxis, but gradually changing to the generative organs, pelvic fullness and flowing from the uterus. The flow of blood was slight at first, but gradually became more profuse, and in a few days disappeared. The patient now seemed to be in a fair way to recover, but the next epoch brought a reappearance of the epistaxis, etc., and no more blood flowed from the uterus. The liver was found to be considerably enlarged and displaced. After about six months the patient died. The autopsy revealed besides the atrophied uterus and ovaries, and the spinal disease, a liver weighing nine and a half pounds, almost entirely filling the abdominal cavity, and displacing nearly all the pelvic viscera to the left.

Dr. Wm. H. Wathen, being announced by the programme for an oral communication, said that he desired to call the attention of the Society to that fatal form of disease, "cancer of the uterus," from the fact that many of the best practitioners of the country will sometimes treat a patient suffering from cancerous disease of the uterus for months, possibly for one or two years, without a knowledge of the true nature of the trouble, and sometimes without even suspecting its serious character. He wished to impress upon the members of the Society the importance of making a physical examination of women suffering with uterine symptoms. Generally the symptoms of cancer, he said, are sufficiently well marked to attract the attention of the practitioner to an extent that will lead him to make a physical examination of the pelvic organs. Occasionally, however, the symptoms are so masked that the disease may progress to its final stages without the symptoms being sufficiently marked to indicate its gravity. He had met in his practice, in consultation, quite a number of patients under the treatment of the best practitioners of the country, where the symptoms presented, even in a casual examination, indicated that cancer had progressed to a very considerable extent, and in a few instances to an almost fatal degree, the patient all the while under treatment for other ailments.

If physicians would remember the importance of an early diagnosis of cancerous disease, and would make examinations with care when women present themselves suffering from some form of uterine trouble, the nature of the difficulty might be diagnosed often sufficiently early to enable the surgeon to remove the disease and probably entirely cure the patient. He called attention to the fact that nearly all of the latest and leading pathologists teach that cancer is originally of local origin, and finally becomes constitutional by an absorption of the poisonous matter. He claims that this is the only rational theory, in view of the facts now before us, that can account for the course of this disease; and that, this being true, if that form of cancer which involves the cervix could be detected before it had reached the va-

ginal attachments, or extended to the walls of the uterus and into the cellular structures surrounding, it might be removed by amputation or by the application of caustics, and that numerous cases operated upon in this fashion have been reported to be entirely cured. Of course, in that form of cancer known as sarcoma, which is found occasionally in the body of the uterus, an early diagnosis would be of no great importance, from the fact that the disease is so situated that it cannot be removed without the performance of hysterotomy, a very serious and often fatal operation, which, even if successful, is usually found to have been preceded by such a wide-spread disease that other pelvic structures are very soon attacked, conducting the case to a fatal termination.

He emphasized, that while the symptoms that point to the usual form of cancer, epithelioma of the cervix, are nearly identical with many of the symptoms that are observed in inflammations, erosions and ulcerations of the cervix, still, there is generally more pain and the discharge is more watery and acrid.

Granting that the symptoms are identical, they are sufficiently well marked to indicate the necessity of a physical examination, by which the nature of the disease would be detected sufficiently early to admit of its removal.

In many instances the pain is so marked as to be characteristic, but such decided symptoms may not appear until the disease has extended into the cellular tissues surrounding the uterus, so that the disease cannot be entirely removed. He said that, unfortunately, he had met with a few cases where the disease had so far progressed that he could only mitigate the severity of the symptoms and prolong life, an operation, in these instances, being found of great benefit in controlling the otherwise fatal hemorrhage, and the acrid discharges that keep the vulva and adjacent parts constantly excoriated. He related an interesting case where he had operated upon an old lady, 64 years of age, two years ago, in whom the disease had not returned up to this time.

Dr. J. M. Matthews, of Louisville, being announced for an oral communication, spoke as follows: I will relate a case of Verneuil's operation of linear rectotomy, recommended in cases of stricture of the rectum. The ecraseur or galvanocautery is used by him in performing the operation. Mr. Allingham uses the knife in lieu of both these, and no doubt it is to be preferred, in the majority of cases. I imagine that the former were recommended simply because of the fear of hemorrhage; but if the knife is properly handled, very little hemorrhage will ensue, and if it should, it can be easily controlled. The operation as devised and practiced by Verneuil, for stricture, is as follows: The knife being substituted for the ecraseur, or galvanocautery, as suggested by Mr. Allingham. The patient is put in the lithotomy position and the finger passed through the stricture. A long, straight knife is then introduced along the finger until the point is fully above the stricture; a firm cut should be made through it, into its whole depth, even to the sacrum, if necessary, and the knife brought out at the tip of the coccyx. The whole stricture must be divided, from the upper edge down to the



coccyx, and through its entire depth. Thus a deep drain is made, from which all discharges freely flow, and as it heals up the ulceration ceases and the stricture is sometimes cured. If the median line is kept the bleeding is but trifling. I have now practiced the above operation in five cases of stricture of the rectum, and cannot recommend it too highly. It cannot be claimed, of course, that all such cases are cured by this operation, as, for instance, those originating from specific causes, but so rapidly beneficial is it that in a few hours night sweats are arrested, and the patient, who seemed ready to die, will really eat, drink, and improve. The wound should be well syringed and the parts kept clean. You will at once perceive the great advantage of this operation in stricture to the oft advised and practiced plan of dilating the same with bougies. The latter procedure is not only fraught with danger, but requires many months to accomplish a cure, if ever. It certainly is to be preferred to colotomy, in the same trouble, from the fact that colotomy is a formidable operation, disgusting to the patient, and with no promise of cure. It was not, however, for the relief of stricture that I desired to speak of Verneuil's operation of rectotomy, but witnessing its very beneficial effects in this trouble I was

led to practice it in ulceration and cancer of the rectum. For this class of unfortunate patients there is little done by the general practitioner, and if, perchance, they fall into the hands of the surgeon, either extirpation of the rectum or colotomy is advised. To my mind, both of these operations are wrong, for either cancer or ulceration; colotomy never did prolong the life of a patient suffering from cancer, one single day. It is accepted as a *dernier ressort*, and that only to relieve pain. If this pain, which is the predominant symptom in cancer and ulceration, can be relieved outside of so dangerous and disgusting an operation as colotomy, it behooves us to know it. I can safely recommend it in these cases, having now practiced it in more than half a dozen such, with entire satisfaction to myself and patient. Of course, no cure is promised here, nor expected. It is simply for the relief of the distressing pain which accompanies these diseases, and is offered as a substitute for colotomy, which is usually done to accomplish the same thing.

The festive features of the meeting were highly creditable to the local members of the profession, and were fully appreciated by the visitors from abroad.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### On Gastro-Intestinal Dyspepsias.

In a review of a work on this subject, by Prof. Sée, the *Paris Médicale* observes that it is divided into two principal parts, the one theoretical and physiological, the other therapeutical. Mr. Sée assumes, from this principle, that dyspepsias are in the first place chemical operations, and that they can belong to but one order, no matter the organ in which the digestive juice is at fault; in a word, gastro-intestinal dyspepsias are imperfect chemical operations. The digestive organs derive importance from their secretions, and secretion owes its power to the digestive ferments, which are intended for the transformation of the four great divisions of food (albuminoidal, fatty, feculous, and saccharine substances).

A chemical derangement is, therefore, the *sine qua non* condition of any gastro-intestinal dyspepsia. This theory is very ably established and defended by Mr. Sée, and does not exclude the histological elements from participation.

The practitioner having under treatment a case of dyspepsia must, therefore, carefully examine the alterations of the gastric juice. Its degree of acidity; the quantity and conditions of the pepsins; the alterations caused by mucus, or the gastric juice; the physiological modifications caused by an excess of peptones; peptic troubles owing to inanition; the signs indicative of a putrid fermentation of the food; all that greatly simplifies the physiological theory, and hence the treatment of dyspepsias.

A number of the nervous troubles which are met with among dyspeptic patients, such as neuralgias, headaches, palpitations, etc., are considered by Mr. Sée as due to reflex actions; on the other hand, all nervo vascular troubles may, by counter effect, impede the formation of the stomachic juice.

Passing over the differential diagnosis of dyspepsias, we come to the question of treatment.

In order to be rational, the treatment of dyspepsia must rest upon the chemical origines. According to Mr. Sée, the treatment consists in seven principal methods.

The first includes *digestives* and *nutritives*. He studies the effect of chlorhydric acid, of digestive ferments, of pepsines, pancreatines and peptones; with regard to these last his conclusion is that—in obstructions of the upper ducts, alimentation by means of peptones is alone possible—in severe dyspepsias, in incoercible vomitings, peptones are an auxiliary resource we should not neglect.

In the second method Mr. Sée includes *pro-sinogenic substances*, which are made up from alkalines and alcohol.

The third method comprises *excitants*, and the author explains the effects of bitters, such as columbo, gentian, quinia, beer, orange, etc., etc., as also of tannin and substances containing tannin, of the strychnias, and of nitrate of silver. There is a method which, for some time past, has attracted much attention; it is the cleaning out of the stomach by means of the gastric probe. Mr. Sée gives its history, and explains when it is indicated, and how it should be used.

The fifth method is composed of *evacuants*,

that is, emetics and purgatives. This is a careful study on evacuates, their mode of action and when indicated.

The sixth method comprises all *absorbing and neutralizing substances*, such as magnesia, charcoal, etc. These are but auxiliary agents, and with them the author includes sedative substances, as opium, belladonna, henbane and aconite.

However able and rational the treatment, it would be of no avail, were it not assisted by a regimen. Several chapters are devoted to diet, to the digestibility of nitrogenous food in proportion to its consistency, the amount of water it contains, its volume, its texture, its mode of preparation, and its degree of assimilation.

Mr. Sée likewise studies the effects of non-nitrogenized food, and examines the so-called exclusive regimen.

Among others, the vegetarian system, which, although of ancient origin, is again attracting attention, and having disciples in several countries.

The chemical theory being demonstrated, it would seem that there should be no difficulty in formulating a chemical treatment. Unfortunately this is not the case.

We can give but a very imperfect idea of this important work, which is based upon the teachings of the physico-chemical and biological sciences, and is far in advance of such books as those by Bean, Chomel, Guipon and Nonat.

#### Sterility and Amenorrhœa.

The following case is reported by Dr. Jagand, in the *Progrès Médicale*, and is not devoid of interest:—

Madame L. is a native of Strasburg, but for a number of years past has resided in Paris, where she conducts a dress making establishment. She is of medium height, and of rather delicate appearance. Her complexion is colorless, and has a dull, yellowish hue, indicative of chloro-anæmia. But she speaks of her health as being generally good. Her appetite is fair, and family antecedents excellent. At the age of 17 a few drops of blood appeared at the vulva, and since then she has never had her courses. She was married when 22 years old, and each month experiences all the symptoms of uterine connection, pains in the back, in the abdomen on a line with the ovaries, bearing-down pains, febrile movements, etc., etc.

Mrs. L. is anxious to become a mother; she has often sought medical advice, and has tried almost all known emmenagogues, from mugwort to saffron, including rue, spurred rye, etc., etc.

Local treatment, by means of Sitz baths, cold douches, injections and medicated sachets, has not been of any better avail. Finally, of her own accord, she has been taking, for over two years, iron in insoluble pill form, and this has brought on considerable digestive troubles.

It is under those conditions that Madame L. came to us for treatment in September last. An examination of the neck of the womb revealed no abnormal conditions, and digital pressure caused no pain. The hysterometre penetrated

without marked difficulty, and furnished the indications common to women who have had no children. Our first advice was to suspend all treatment for a month, recommending only careful hygiene, and well selected but moderate food; to this we added phosphated peptones, so as to assist the somewhat debilitated digestive organs.

A mild diarrhœa supervening, we prescribed citrate of magnesia, in small doses, so as to modify the intestinal mucous membrane; this not proving a sufficient check, we added to it albuminous water as a drink, and, in connection therewith, syrup of citrate of iron, to subdue the chloro-anæmia. We were gratified to find that the diarrhœa ceased, the citrate of iron was well tolerated, and six weeks later Madame L. noticed a few drops of blood oozing from the vulva.

Struck by this coincidence, we immediately placed the patient on a course of albuminate of iron liquor combined with bitter orange peel, as prepared by M. Laprade.

During the following four months the periods appeared regularly, and without pain; they stopped on the fifth, and now Madame L. is on the eve of being a mother.

#### Methods of Surgical Dressing.

Mr. Wm. Berry, F.R.C.S., observes, in the *Medical Press and Circular*, March 23: while Listerism in surgical practice is *sub judice*, perhaps more especially in private practice, owing to the want of time, help, and appliances, on the part of the general practitioner, it is well, perhaps, that some safe, simple, and effective mode of dressing can be employed.

The examples from hospital practice, afforded by Mr. Sampson Gamgee, of Birmingham, are certainly satisfactory, and will, I think, commend his mode of treatment to the busy practitioner. His *dictum* of rest, drainage, and pressure, if duly carried out, will save much time and trouble, and show results comparable with the antiseptic method.

I have endeavored, through the small means at my disposal in private practice, to carry out this plan, using absorbent wool as dry dressing, proper means of drainage, and firm and even bandaging; so far, am admirably satisfied with the results.

The absorbent wool, which can be obtained either in bulk or in pads, is an excellent material for carrying out this mode of treatment. When applied to a wound it forms a nice, soft covering, takes up any discharges which may escape, and allows the parts to be undisturbed till the dressings are saturated and uncomfortable. If the discharges be fetid and unhealthy, the wool can be made antiseptic by means of terebinthine, salicylic, carbolic or boracic acid.

Dressings of this material are easily carried and applied, they need not be disturbed for some days, unless the thermometer indicates some disturbance of the system or the dressings become saturated, then the covering should be removed, the wound cleansed, and a renewal of fresh dressings made.

In large wounds and in chronic abscesses it is always better to insert a drainage tube, so as to

allow of the free escape of fluids which may collect, then, a sufficient covering or pad of absorbent wool, firmly and evenly bandaged on with an ordinary roller, will constitute a light and compact dressing, which may remain undisturbed until one of the conditions mentioned above necessitates a change.

I would here mention the importance that should be attached to the indications of the thermometer in all surgical cases; for long before either pulse, tongue, facial expression, or pain in the part show any disturbance, the thermometric rise will indicate something wrong; then the dressings should at once be removed and the wound examined.

#### The "Epidemic Constitution of the Atmosphere."

This mysterious old phrase is thus explained in the National Board of Health *Bulletin*, by Dr. Gen. M. Sternberg, U.S.A.:—

The fact, observed by myself, that during the summer months the mud in the gutters of New Orleans possesses an extraordinary degree of virulence, shows that pathogenic varieties of bacteria are not alone bred in the bodies of living animals. The more I study this subject the more probable it seems to me that in this direction lies the explanation of many problems which have puzzled epidemiologists, and that the sanitarians are right in fighting against filth as a prime factor in the production of epidemics—a factor of which the rôle is easily understood, if this view is correct.

The presence of septic organisms, possessing different degrees of virulence depending upon the abundance and kind of pabulum furnished them and upon meteorological conditions more or less favorable, constitutes, in my opinion, the epidemic constitution of the atmosphere which wise men were wont to speak of not many years ago as a cloak for ignorance. It must be remembered that the gutter mud of to-day, with its deadly septic organisms, is the dust of to-morrow, which, in respiration, is deposited upon the mucous membrane of the respiratory passages of those who breathe the air loaded with it. Whether the peculiar poison of each specific disease is of the same nature or not—a question which can only be settled by extending experimental investigations in the future—it is altogether probable that this factor often gives a malignant character to epidemics of diseases which, uncomplicated, are of a comparatively trivial nature.

## REVIEWS AND BOOK NOTICES.

### BOOK NOTICES.

**Dyspepsia; How to Avoid It.** By Joseph F. Edwards, M.D., Author of "How a Person Threatened or Afflicted with Bright's Disease Ought to Live," "Constipation Plainly Treated and Relieved without the Use of Drugs." Philadelphia: Presley Blakiston, 1012 Walnut St., 1881. Cloth, 12mo, pp. 87. Price 75 cents. Popular hygienic works are getting more and

more in demand, and are, perhaps, contributing more than any other single agency to the spreading of sound and useful knowledge of sanitary matters and just appreciation of the value of the prevention of disease. The book before us will recommend itself to the American public, who are proverbially a nation of dyspeptics. It is divided into four chapters, on food, digestion, how to cook food, and how and what we ought to eat. The information it contains will, in the main, be found valuable, and most individuals would undoubtedly be benefited by following the precepts laid down therein. We think, however, that the author goes a little too far when (page 39) he asserts that a piece of pork containing trichinæ may be eaten with impunity and with as much safety as a fresh-laid egg, provided it be first thoroughly cooked. This assertion is contrary to the opinion of those who have carefully investigated the subject (see REP., vol. xlv, page 353), and dangerous in the extreme, when we consider how vague is the idea of thorough cooking among the laity. Some novel and startling psychological suggestions occur in the first chapter, on food; thus, on page 19, the author asks: "Is it too visionary, to imagine that some of the particles of brain tissue which, in the mind of Julius Cæsar, originated and worked out the details of military campaigns which resulted in making Rome the master of the world, may, after centuries of wanderings and vegetable life, and residence in minds of inferior calibre—poor pasture, as it were—finally have been eaten by and assimilated into the brain of Napoleon Bonaparte, and, meeting there with conditions and surroundings like to those of their ancient Roman home, planted in good and well-manured brain soil, they may have grown vigorously, labored with some of their ancient energy, and enabled Napoleon, through their agency, to make France mistress of Europe?" We think it rather visionary.

**The Sanitary Care and Treatment of Children and their Diseases.** Being a Series of Five Essays, by Drs. Elizabeth Garrett Anderson, Samuel C. Busey, A. Jacobi, J. Forsyth Meigs, and J. Lewis Smith. Prepared by request of the Trustees of the Thomas Wilson Sanitarium, of Baltimore, Md. Boston: Houghton, Mifflin & Co. The Riverside Press, Cambridge, 1881. Cloth. 8vo, pp. 309. Price \$2.50.

These essays, being the result of vast experience, profound thought and careful preparation, deserve a wide circulation. Want of space, however, precludes the possibility of our giving them the full attention in this review which the im-

portance of the subjects and the able manner in which they have been treated merit. Dr. Elizabeth Garrett-Anderson, of London, England, in discussing the question, *how can children in a city be kept healthy*, finally comes to the sad conclusion that, "after public and domestic hygiene has done its best, city life will always be full of special risks to children of the poor, and that philanthropic efforts cannot do very much directly toward diminishing those risks." "It can do something," says she, "but it must be mainly through the parents, by improving their knowledge of what the children need, by raising their standard of comfort, and by deepening their sense of responsibility." *The Mortality of Young Children; its Causes and Prevention*, is the title of one of the essays, of more than ordinary scientific merit, prepared by Dr. Samuel C. Busey, of Washington, D. C., in which the author points out the influence of climate, density of population, poverty and ignorance, alimentation, etc., on infant mortality. Dr. A. Jacobi, of New York, gives his views, which are based on the experience of a quarter of a century, on *the improvement of the condition of the poor and sick children*; and Dr. J. Forsyth Meigs, of Philadelphia, presents *observations upon the sanitary care and treatment of children and their diseases*. The subject chosen by Dr. J. Lewis Smith, of New York, is essentially the same as that of Dr. Busey, viz.: *causes of the great mortality of young children in cities during the summer months, and the hygienic measures required for prevention*. The publication of these essays in book form will put them within reach of those interested in alleviating the sufferings of city children, and though the work, perhaps, contains nothing that is new, yet no one can fail to receive many valuable suggestions from its perusal. It may be had in this city, from Messrs. Porter and Coates.

**The Diseases of Children. A Practical and Systematic Work for Practitioners and Students.** By William Henry Day, M.D., Physician to the Samaritan Hospital for Women and Children, etc., etc. 2d edition, rewritten and much enlarged. Philadelphia: Presley Blakiston, No. 1012 Walnut street, 1881. 8vo, pp. 752. Price. Cloth, \$5.00; Sheep, \$6.00.

This work, the author informs us, is the outcome of private and hospital practice extending over a lengthened period, and in its preparation he has relied on clinical experience rather than on theories. After a few introductory remarks on the study of children's diseases, their special characters and peculiarities, the management of

children during growth and development, the importance of attending to the constitutional rather than the local state, etc., etc., a chapter is devoted to milk diet and hygiene, in which the composition and relative value of various kinds of milk and other substances used as food for children is given, and other hygienic and remedial agents, as air, exercise and sleep, bathing and medical preparations ordinarily given to infants and young children, are discussed. Diseases are next considered in their natural division of acute and chronic, after which each group of diseases and individual affections peculiar to childhood are taken up for special consideration. The classification of diseases adopted by the author is after the method sanctioned by modern pathologists, and the treatment advocated will be found to be fully up to the most recent views of authorities in this department. A list of prescriptions are appended, in the arrangement of which one certain broad principle, as regards dose and combination, has been kept in view, leaving the details to be varied at the discretion of the practitioner. We heartily recommend this book to the profession, as a safe and reliable guide in the department of which it treats.

**Medical Electricity: A Practical Treatise on the Applications of Electricity to Medicine and Surgery.** By Roberts Bartholow, A.M., M.D., LL.D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, of Philadelphia, etc. etc. With ninety-six illustrations. Philadelphia: Henry C. Lea's Son & Co., 1881. Cloth, 8vo, pp. 262. Price \$2.00.

The object of this work is fully set forth in the author's preface, viz., to furnish students and practitioners with a suitable text-book, neither too voluminous nor too scientific, yet sufficiently complete to embrace the whole subject of Medical Electricity, and so simple in statement as to be easily understood by students previously unacquainted with the subject. The book is divided into six parts, treating severally of Electro-Physics, Electro-Physiology, Electro-Diagnosis, Electro-Therapeutics, Electricity in Surgery, and Thermo-Electricity. Medical Electricity has made rapid advance and gained much favor, both with the profession and the public, during the past decade, and no one absolutely ignorant of the uses of this powerful agent can longer be considered properly armed and qualified to combat disease. Though there are, as the author admits, many excellent works on the subject, we think none better meets the needs of the general practitioner than the one before us.



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## RECENT STUDIES ON FOODS AND DRINKS.

As so many questions in health and economy turn on foods and drinks, the more recent studies on these subjects have a wide interest. Every sanitary reformer starts out with a theory of his own, which, as a rule, he is more anxious to make good than to submit to impartial examination. With the growing cost of the food supply, many advocate the advantage of a vegetable diet as equally nutritive, less stimulating, and cheaper. It is no doubt, in a measure, a question of climate, habit, temperament and race; but taking temperate climates, Prof. BOUCHARDAT was probably right when he said that nations are more energetic in proportion as they consume more animal food.

In a letter in an English contemporary, Dr. C. R. DRYSDALE, of London, quotes some of the latest experiments to test the relative values of animal and vegetable foods. They are of sufficient value to warrant transferral to our pages.

Professor HOFMANN gave to a servant of his 1000 grams of potatoes, 207 grams of lentils, and 40 grams of bread. On an average of six days, it was found that 356 grams of the solid matter were digested, 116 remaining undigested; 38.7 of nitrogenous matter had been digested, 44.4 undigested; 263.8 of starch digested, and 28.2 not. It would here appear that not even one-half of the total albuminous matter of this vegetable diet had been digested in this experiment.

The same man was then given 390 grams of lean beef daily, 126 of pure fat, and 40 grams of flour. The result was that 221.8 grams of solid matter were digested; 33.6 undigested; 73 of albuminous matter were digested, and 16.9 undigested; 124.1 of fat were digested, and 4.9 undigested. Thus, animal food was shown to be much more digestible than vegetable, in this experiment of HOFMANN.

Dr. C. MEINERET, in his work, "Die neueste Ernährungs Theorie," gives the loss of nitrogen in solid excreta, expressed in percentage of the total nitrogen contained in various substances. In meat that loss he found to be only 2.6; in eggs, 2.6; in milk and cheese together, 2.3 to

4.9; in milk alone, 7; in macaroni and gluten, 11.2; in macaroni alone, 17.1; in peas, 27.8; in black bread, 32; in potatoes, 32; in carrots, 39; in lentils, potatoes and bread, taken together, 47; in lentil flour, 8.2; in whole lentils, 40.2; in celery, cabbage, and carrots, 31; in Hosford-Liebig's bread, 32.4; in rye bread, 22.2; in very black bread, 42.8; in white wheat bread, 19.9; in mixed food with meat (fourteen days), 18 to 12. White bread is, say MEYER and RUBNER, far more digestible than brown rye bread.

RUBNER took 1172 and 1435 grams of meat daily (more than 2 pounds), and yet all the albuminous matter except 2.5 per cent. was digested; and when 21 eggs were taken daily, 2.9 per cent. alone of the albumen was undigested. FLUGGE took daily 1 litre of milk, 500 grams of meat, 150 grams of wheaten bread, and 68 grams of butter, and found that 94 per cent. of the nitrogen was absorbed, and 95 per cent. of the fat. When he took a diet chiefly vegetable, he had only 85.3 per cent. of the nitrogen absorbed, and 88.7 per cent. of the fat.

All this points to the great value to a nation of mutton, beef, pork, and other forms of meat diet.

The question of the addition of alcohol to diet is tending more and more to a settlement in the sense that distilled spirits are probably injurious, while wines and beers, in moderation, are innocuous, or slightly advantageous. A careful study of the effect of the "spirit ration" in the British army was lately made by a writer in the *British Medical Journal*. His conclusions were as follows:—

1. Spirits are not an absolute necessity in the field.

2. Given before or during a march, or work of any description, they are nearly always calculated to do harm.

3. The only case in which exception need be made to the above rule is, when men are near the end of a long and fatiguing march, which it is necessary should be accomplished. Then the issue of a spirit ration may probably supply the necessary stimulus for completing the work; but it must be on the condition that no further work shall be demanded until after a sufficient period of repose.

4. The issue of a ration at night, when work is done, may be useful as a sedative, and in inducing calm and refreshing sleep.

5. Under any of those circumstances, the ration ought not to exceed two ounces and a half (half a gill) of spirits—equal to one ounce and a quarter of alcohol; and it ought to be given well diluted with water—hot, if possible.

Even in cases where its utility is, with limitations, admitted, it is still a question whether extract of meat might not be better, as it certainly would be attended with less chance of evil result, should it not accomplish the immediate end contemplated. Admitting, however, that in cases where rapid stimulus is required, alcohol is more useful than any of the proposed substitutes, there seems to be no valid ground for continuing its issue on campaigns as a regular ration. It would be better to carry it as an extra, and only issue it by the advice and with the concurrence of the medical officer.

In other words, it should be removed altogether from the list of articles of ordinary consumption.

This conclusion will undoubtedly be approved by the large majority of sanitary students. The alcohols in most spirits are, in equal quantities, much more injurious than those in wines; and their more concentrated forms add to their bad effects.

## NOTES AND COMMENTS.

### The Failure of Pilocarpin in Diphtheria.

We cannot but regret to announce that the more recent trials of pilocarpin, advocated so forcibly by Dr. Gutmann as almost a specific in diphtheria, indicate that it is of no use at all in that disease. Dr. Joseph Schmid, in the *Wiener Med. Presse*, No. 15, 1881, says, after a full trial, he has found it "generally wholly useless, often decidedly injurious." In serious forms of the complaint, he actually believes the unfavorable termination was hastened by his use of the drug. In the lighter catarrhal forms the symptoms were not visibly ameliorated by it.

### Some Recently Discovered Medicinal Plants.

If a very little of what is heralded of the medicinal virtues of plants turned out true, it would be a most gratifying fact. However, it is well to record all for trial.

*Hieracium Venosum*. Observations are given by Dr. W. Stump Forwood, in the *Quarterly Transactions of the Lancaster (Pa.) Med. Society*, April, 1881, to show that this may prove of value in phthisis. At least, it seems to have a well deserved reputation for that disease among cattle. The infusion is used.

*Euphorbia Villosa*. In the Ukraine and Gal-

licia, this plant is said to be regarded as an unfailing remedy against hydrophobia, provided it is taken within five or six days of the infection. Unusually good evidence seems to be in its favor, (*Allg. Med. Cent. Zeitung*, March 26th, 1881).

*Convalaria Majalis*. Clinical and physiological experiments with this herb are reported in the *Centralblatt für Klin. Med.*, by Dr. Bojowalsky and Troitzky (No. 47, 1880; No. 1, 1881). In organic heart disease its effects equal those of digitalis; the urine is increased; serous deposits are rapidly absorbed; nervousness is diminished; cumulative effects were not observed.

#### Uterine Hydatids in Virgins.

A question of considerable interest was lately discussed before the Dublin Obstetrical Society, to wit, whether a woman could expel uterine hydatids—in other words, be liable to “molar pregnancy”—without sexual connection. Dr. More Madden maintained this to be possible. He thinks the unimpregnated ovule may be arrested in its passage through the uterus, and there undergo a vesicular degeneration or other form of abnormal development. The President, Dr. John A. Byrne, dissented, believing that vesicular moles had not been observed in virgins. He granted, however, that substances not unlike these are occasionally expelled from the virgin uterus. These are not true vesicular chorionic degenerations, as this is always a product of conception.

#### Suggestions in Toothache.

At the last meeting of the Odontological Society, of Great Britain, Mr. Stocken read a paper on “The Value of Certain Remedies in the Constitutional Treatment of Inflammatory Conditions of the Vascular Tooth-Structure, and of Neuralgia arising therefrom.” The remedies to which Mr. Stocken specially directed attention were chloride of ammonium, sulphide of calcium, and gelseminum. He had selected them because their action was not so generally known as that of many other agents. He gave a full description of the therapeutic effects of these drugs, indicating the class of cases in which each would be likely to be most serviceable. His conclusion was that, in simple neuralgia of the fifth pair, gelseminum, either with or without aconite, would effect a cure or, at least, afford considerable relief. If the pain was due to congestion or inflammation of the pulp or periosteum, he would prescribe also chloride of ammonium. While in chronic periostitis with suppuration, sulphide

of calcium gave results which were in the highest degree satisfactory, cutting short the attacks in the most remarkable manner. He was of opinion that dental surgeons do not generally give sufficient attention to the constitutional treatment of the cases under their care.

#### Painful Effects of Color.

The painful effect of light on the eye in many diseases is well known; that certain colors exert a similar effect on healthy eyes occasionally is less familiar, and is commented on by Dr. Von Hasner in the *Centralblatt für Augenheilkunde*, No. 1, 1881. One patient could not bear to look at white objects, another at red, another at blue. If persisted in, headache, giddiness, sick stomach and vomiting were brought on. This condition, we believe, is by no means an uncommon one in certain lesser degrees, but we do not think it has received special study from ophthalmologists. As the eyes were normal or nearly so, the cause of the defect is probably cerebral.

#### The Duration of Pregnancy.

A paper in the *St. Petersburg Med. Wochenschrift* (quoted in the *London Medical Times and Gazette*), by Helen Idelson, M.D., an intelligent lady physician, states that she found that of 4370 patients in Prof. Horwitz's Obstetrical Clinic, only 488 could furnish the requisite data for the determination of this question—viz., the exact date of the last day of the last menstruation, and the maturity of the fetus. After showing the great differences which prevail in various animals, and the great differences between the maximum and minimum admitted by authors in woman, she states that it results from her own researches that the average period was 278.8 days, viz., a minimum of 226 and a maximum of 328, or a difference of 102 days.

She sums up the results of her investigations as follows: 1. The duration of pregnancy amounts to 278.8 days, or nearly forty weeks. 2. The sex of the infant influences the duration, this being longer in female infants. 3. The heavier the child the longer is the duration. (?) 4. The duration is longer in multiparæ than in primiparæ. 5. The younger the woman the longer is the duration. 6. The duration is longer in married than in unmarried women. 7. The first movements of the child are felt, on an average, on the 135th day, but later in primiparæ than in multiparæ.

## SPECIAL REPORTS.

## NO. XI.—INSANITY

It must be confessed that

## The Causes of Insanity.

have been investigated in a very unsatisfactory manner. Causes which in one report stand out prominently are hardly mentioned in another. For instance, in American reports, genital excitation and disease vary from 14 per cent. to zero in patients taken from the same class and country. Evidently this great difference depends on the "personal equation" of the physician in charge, and not on the patients. In fact, all such causes are generally predisposing rather than efficient. This is now becoming recognized. After referring to the alleged causes of insanity in the patients admitted into the Lancashire, England, County Asylum, during 1879, Dr. Cassidy, the medical superintendent, argues that there is an anatomical and physiological substratum beneath these so-called causes which it is greatly more difficult to reach. For instance, among 13,309 admissions into asylums in England and Wales in 1878, the causation of insanity was attributed in 1951 cases to intemperance in drink, in 78 cases to pregnancy, and in 102 to fevers. If we consider the extent to which these three so-called causes flourish in England, it seems fair to conclude that they have less to do with the insanity with which they are occasionally associated than has the weak and unstable nervous organization upon which they act.

In a communication to the third Italian Phreniatric Congress, held last September at Reggio-Emilia, Dr. Andrea Verga states that, based on the official census made the last day of December, 1877, he has been able to ascertain that, among the different causes of insanity in Italy, pellagra appears in 8.88 per cent. of the cases; diseases of foetal life and early infancy in 7.77 per cent.; derangement of the female sexual organs, and related to the maternal life, in 6.96 per cent.; epilepsy in 7.73 per cent. of the males, and in 5.51 per cent. of the females, amounting to a net total of 6.68 per cent.; alcoholism in 3.92 per cent.; venereal and other excesses in 3.73 per cent. among males, and 1.16 per cent. among females. Dr. Verga further points out the greater frequency of mental diseases among physicians, and the increase of general paralysis.

## Relation of Mental Disease to Sexual Irregularities.

The intimate relationship between the mental and sexual life and their reciprocal actions, are

the subject of a well-written article by Dr. A. J. C. Skene, in the *Annals of the Anatomical and Surgical Society*, of Brooklyn, vol. ii, No. 11. His investigations are confined chiefly to the female sex, but he justly remarks of both sexes, that "failure in reproduction (more accurately, in reproductive acts) always causes more or less disappointment and mental depression in those who are naturally of sound mind and body." This is, of course, aggravated where an insane neurosis is present, or where a disease of either organ heightens the mental sensitiveness. As he says:—

Clinical observation affords ample proof of the truth of these statements. An ovarian or uterine hyperæmia arising from extrinsic causes first deranges the function of these organs, and, secondarily, produces perverted brain action in the form of irritability, mental depression, excessive interest or apathy. Every physician is familiar with the groundless fears, the melancholia and mental irritability which so often are associated with diseases of the sexual organs. It is equally well known that evil influences direct the mind to the sexual organs and excite them to premature, and hence imperfect, functional action. In adult life, also, the brain which is badly organized and unqualified by culture for its office of guarding and protecting the physical functions, may so influence the sexual organs as to make their periodical excitation and congestion continuous and abnormal.

This is a theme on which much might be written with profit.

## Cerebrology of Criminals.

A curious observation has been made by Dr. Moritz Benedict, of Vienna. He published a book about a year ago, *Anatomische Studien an Verbrechergehirnen*, in which, among other notes, he states that in nearly one half of the brains of persistent criminals the superior frontal convolution is not continuous, but is divided into four sub-convolutions, analogous to the disposition of the parts found in predatory, carnivorous animals. In a recent paper (*Centralblatt für Med. Wiss.*, November 13th, 1880), he argues that much of moral perversity may and must be the result of this deflection of the cerebral organs from the normal type, producing, as it necessarily would, other arrangements of cerebral nutrition, and hæmostatic relations. It cannot be fortuitous that the mental characteristics of the most perverse criminals, and also the cerebral anatomy, both resemble those of wild beasts; this double analogy must be one of cause and effect.

## Insanity as a Disease.

Some sagacious observations on this point may be found in the *Report of the Commissioners of*



*Lunacy in England, 1880.* One extract will not be out of place:—

"The disease of lunacy, it should be observed, is essentially different in its character from other maladies. In a certain proportion of cases the patient neither recovers nor dies, but remains an incurable lunatic, requiring little medical skill in respect to his mental disease, and frequently living many years. A patient in this state requires a place of refuge, but his disease being beyond the reach of medical skill, it is quite evident that he should be removed from asylums instituted for the cure of insanity, in order to make room for others whose cases have not yet become hopeless. If some plan of this sort be not adopted, the asylum, admitting paupers will necessarily continue full of incurable patients, and those whose cases still admit of cure will be unable to obtain admission until they become incurable, and the skill and labor of the physician will thus be wasted upon improper objects. The great expense of a lunatic hospital is unnecessary for incurable patients; the medical staff, the number of attendants, the minute classification, and the other requisites of a hospital for the cure of disease, are not required to the same extent. An establishment, therefore, upon a much less expensive scale, would be sufficient.

#### Mental Contagion.

A most extraordinary notion on the subject of insanity was advanced by that distinguished though erratic writer, Dr. Benjamin W. Richardson, in a paper read before the Exeter Sanitary Institute, and part of which we find in the *Scientific News*, February, 1881. His words are:

"Go into the wards of a lunatic asylum, and notice among the most troubled there the odor of the gases and the vapors they emit by the skin and the breath. That odor is from their internal atmosphere, their nervous, ethereal emanation. They are mad up to suicide or murder, or any criminal folly. Can it be otherwise? They have secreted the madness; they are filled with it; it exhales from them. Catch it, condense it, imbibe it, and in like manner it would madden any one."

This absurd hypothesis is not new, but is taken from the visionary theories of insanity set up by the Germans, Jüger and Dunstmaier, a few years ago, and which, at the time, many took to be a huge joke—as we are not yet sure but that it was. It is a forced expression of what is well known among alienists as "mental contagion." In his *Contributions to Psychiatry*, Dr. James G. Kiernan, of New York City, has lately given a number of examples of this fact, and made some useful practical applications of it. Mental contagion is not a term that is easily defined, and to many the phrase itself will seem a paradox; but those who know the writings of Fabret will perhaps recall his philosophical study of *folie à deux* (madness of two), and the

remarkable suggestiveness of his literary treatment of one of the obscure themes of the medical professor, printed some years ago in the *Annales Medico Psychologiques*.

In a general way, the fact that certain forms of insanity, or rather certain hallucinations, are communicable, has not escaped common observation; and this contagiousness even extends to certain involuntary and automatic movements, the delusion of special form of nervous paroxysm being created by one person as the active agent, and imposed upon the other party to the malady as a passive recipient. Such movements are often contracted even by asylum attendants, from contact with their charges. This form of insanity, says Dr. Kiernan, is more common among women than men, and always presents the same group of symptoms developed under similar conditions and circumstances. It consists in the communication of an insane intellectual conception from one mind to another, or an insane movement from one nervous system to another. Sometimes when patients are associated with each other, identical delusions develop themselves in each simultaneously.

The point in controversy is not as to the existence of the form of disease, but as to its comparative frequency. Dr. Kiernan, from close observation of a large circle of the insane, concludes that contagious delusions are relatively common in our asylums, and draws from their prevalence an argument in favor of isolating insane patients from each other, and thus improving their mental condition by limiting the spread of insane ideas. He appears to think that the prospect of recovery is often sacrificed by exposure to communicable delusions, which, with the tendency of insanity to nurse *idées fixes*, seize the enfeebled, but highly excited, imagination of the victim with a grip so strong as to break down the last vestige of self control.

The general view of the medical profession has been that mental contagion is only possible in very exceptional instances. Dr. Kiernan's observations are at variance with this theory, drawn from the memoirs of Tuke, Fabret, and others, and involve the presumption that non-contact of the insane with each other is sometimes a factor essential to recovery.

#### Treatment of the Insane.

The "non-restraint" or Conolly system of treating the insane is certainly on the increase everywhere. From such a remote field as British Guiana we may bring evidence of this. The last report of the Superintendent, Dr. Grieve, states that the asylum contains upwards of 200 patients, of a

mixed and rather unruly class, yet restraint is never had recourse to. Fortnightly dances are held, a good band has been formed, and picnics and concerts are provided. Further experience has confirmed Dr. Grieve in the opinion that suitable and interesting occupation is the main element to be held in view in the moral treatment of insanity, combined, of course, with constant kindness and consideration for the sufferers. The more skill required in the work and the greater the demand it makes upon the mental powers, as long as it is not beyond the grasp of the insane, the better the results. This is shown by the fact that the carpenter shop turns out more recoveries than any other part of the asylum.

Another reform—for we are inclined to regard it as such—is the appointment of female alienists to take charge of the female wards of insane asylums when such persons, of sufficient competence, can be secured. The recent discussions at the Pennsylvania State Medical Society show that very many thoughtful men in the profession coincide in this view; and the objections to it come rather from general opposition to female practitioners than from a doubt as to their special fitness for the position.

(To be continued.)

## CORRESPONDENCE.

### Remarks on Intermittent Fever.

ED. MED. AND SURG. REPORTER:—

In reply to the second question of S. S. F., of Pennsylvania, in No. 15, vol. xlv. of MEDICAL AND SURGICAL REPORTER, I will record some clinical experience which I have for some time contemplated reporting through your journal. The question, what is the best treatment for preventing the return of intermittent fever, has frequently puzzled me, and oftentimes, after using the best treatment known to me, the fever would return all the same.

The first few years of my professional life I practiced in a malarial district in Mississippi, and while there was called upon to treat malarial fever in its various forms. I gave all cases the usual treatment, that is to say, quinine or arsenic, followed by iron and bitter tonics. To this treatment most cases would respond and get well nicely, giving the physician confidence in his remedies, and the patient faith in his doctor. But there are other cases which do not so readily yield to treatment, and it is to these that I have directed some clinical experiments. I will not give details of experiments, but report from my practice a few cases of chronic malarial fever, vulgarly called seven-day chills. In one family I had four cases of fever which served to keep me in daily employment till I got almost ashamed to be seen going to that house. All of them seemed to be amenable to treatment, and

would yield readily to quinine after a single paroxysm. But I would hardly discharge one case before I was called to another, and when he was apparently well, the third would be attacked, and so on in turn. These attacks would return, although they took iron and quinine in tonic doses, continuously for some time. A professional friend suggested the propriety of giving iodine in small doses, which I did with the happiest effect in some of the cases, but the others could not tolerate the iodine except in homeopathic doses, from which, of course, I could expect no beneficial result. The iodine in these caused irritation of stomach and alimentary canal. For them I ordered removal into the piny woods, which I believe would have been the best prescription for them all at the beginning. But such advice is not always practicable. After treating these cases and noting that those who could tolerate the remedy made a good recovery, I had some faith in iodine; but the question then arose, how can I administer it without producing the ill effects mentioned above?

The question was finally solved by an article I read a year or two ago, in the REPORTER, on the administration of iodine in, I think, some ovarian trouble. The writer used the iodide of starch, made according to Buchanan's formula, which consists of twenty-four grains of iodine to the ounce of starch, *vide* United States Dispensatory Appendix. He stated that in this form patients could take large doses of iodine without any irritating effect. After reading this article I had more confidence in my ability to combat the tendency to return in intermittent fever, and was anxious to give this preparation a trial. The first patient to whom I gave iodide of starch was a young man who had been under the treatment of several good physicians, and had taken, I suppose, nearly every known antiperiodic. But the chills would return every three weeks. I prescribed teaspoonful doses of the iodide three times a day. He passed over his time without any symptoms of a return; but subsequently had another chill and fever and was again given the iodide. He was under my observation for several months after, and showed no disposition to relapse.

I will report only one more case treated with the iodide. The patient, a man, had chills and fever for several months. Could break them with quinine, but he would invariably have a return of them on the seventh or fourteenth day. Patient also gave a history of syphilis and complained of pains in his bones, which were so intense at night as to interfere with rest. After taking one bottle of iodide of starch he returned to have his prescription renewed, saying the medicine was as good for syphilis as for chills. He had no return of his malarial trouble.

My method of administering this preparation is, to give a teaspoonful in water three times a day till one ounce has been taken, and then discontinue till three or four days before the expected attack, when I order another ounce to be taken in the same manner. My experience with iodide of starch is limited, but I think will justify any one in trying it, after failing with all other remedies.

SAMUEL B. OLLIPHANT, M.D.

388 Magazine St., New Orleans.

## The Use of the Lancet.

ED. MED. AND SURG. REPORTER:—

I have a bit of a confession to make, and also a request. I confess being so much of an old fogey, that for twenty years I have carried the *deadly thumb lance* in my pocket, and, what hurts me most, have not used it as often as I ought. During the four years of my pupilage, I saw my preceptor use it once only. For two years after graduating I did not use it at all. Since then I have used it more and more each year, and can truthfully say, that I have never seen a single bad effect from its use; but have often had to lament in sackcloth and ashes that the prejudice of patients, or the opposition of a consultant, has compelled me to witness many a death which might have been avoided, and many a long convalescence which might have been shortened, by an early and free use of the lancet. My fogysm extends even to the use of calomel in many acute inflammatory diseases. The request mentioned is, that some vigorous writer (or rather thinker) would do for calomel what Dr. Corson is doing for the lancet. It is a belief that fire will never melt out of me, that a proper use of these two agencies would completely cure many men and more women of acute inflammations, who, under the expectant and dish-water treatment, only so far recover as to be thereafter daily reminded that it has left them a legacy of which they cannot dispose. In the REPORTER of April 30th Dr. Stinson asks "When bleeding is indicated, what practitioner will refuse to resort to the lancet?" Why, Dr., that is just the very point. Nineteen out of twenty fail to see the indication; and the chances are vastly in favor of the twentieth one being afraid to act in opposition to the *great minds* of the profession.

F. R. MILLARD, M.D.

San Diego, Cal.

## Quinquinia—A Correction.

ED. MED. AND SURG. REPORTER:—

Allow me to correct an error which has crept into my brief communication on Quinquinia, in your journal for April 9th. I am made to say that in five of the hospitals and dispensaries of Chicago notes have been kept of cases of intermittent fever and other malarial affections treated by this remedy, of which, *four* were of intermittent fever. It should have read, *forty-one*. I used numerals, and the one (1) after the four (4) was omitted. Four cases, would certainly have been a small number on which to predicate a conclusion, even in these days of rapid generalization. I may say that, since my previous note, I have had a conversation with Prof. Bartholow, of the Jefferson school, upon this subject. He tells me that, before leaving the West, he gave Quinquinia an extensive trial, and found it quite as effective as quinine, in the treatment of all affections dependent upon malarial poisoning; in fact, sometimes succeeding when the latter failed. This fact, together with its comparative cheapness, makes it, in his opinion, perhaps, the most useful derivation of cinchona we have yet obtained.

BENJ. LEE, M.D.

1106 Walnut St. Phila., May 23d, 1881.

## Metastatic Parotiditis.

ED. MED. AND SURG. REPORTER:—

"Assuming, as it undoubtedly does, a form both epidemic and contagious, would it not be well to give it a distinct classification as a disease, and call it metastatic parotiditis, robbing it of its terrors as well." The above extract is from the MEDICAL AND SURGICAL REPORTER, of May 7th, taken from a communication by Dr. Charles H. Miller, of Peabody, Kansas. We have here, at this time, a similar epidemic, and it has been present for more than twelve months. The orchitis has been present in a majority of the cases, and exceedingly annoying, and in many instances accompanied by great nervous prostration, and a typhoidal condition of the system. "I change place," may continue as the "battle ground" between the humorist and the solidist for years to come, if such parties now exist; but these theories settle nothing. The specific poison affects the facial salivary group of glands, and pancreas also, in a very marked manner, and, perhaps, finds its way to the testicles, through the same channel, lymphatics, in the same manner as other poisons.

WM. M. LAURENCE, M.D.

Batesville, Ark., May 17th, 1881.

## NEWS AND MISCELLANY.

## The International Medical Congress.

It is anticipated that not less than 2000 foreign medical practitioners will visit London next August, on the occasion of the International Medical Congress to be held in the early part of that month. It is almost certain that in point of attendance, variety of attraction, and extent of opportunities for observation, the London Congress will far surpass any of its predecessors.

By the change in the Presidency of the College of Physicians, Sir W. Jenner becomes *ex officio* Chairman of the General Committee of the Congress, a post, the duties of which have up to the present time been discharged by the Chairman of the Executive Committee, Sir Risdon Bennett, M.D.

## The International Medical and Sanitary Exhibition.

This is to be open the same time as the International Medical Congress in London. A large number of American exhibitors have already announced their intention to be present, and have applied for space. A plan of the exhibition building has been made, and each exhibitor will have a portion of the plan sent to him with his exact position marked thereon, so that all confusion at the last will be avoided. The committee will receive applications up to the time of the final allotment of space, which will be proceeded with on the entire completion of the plans. The claims of late applicants will, of course, be considered only after those who have already applied have been finally dealt with.

## Solable Compressed Hypodermic Tablets.

The uncertainties attending the use of solutions for hypodermic injections have been well

set forth by Gabler and other writers. To overcome them Messrs. John Wyeth & Bro. have prepared, with great pharmaceutical skill, what are called "Hypodermic Tablets." These are quite small, readily soluble when required, insure entire accuracy in the size of the dose, and also that the drug is well-preserved and active. They have been used with satisfaction and are highly commended by many of the leading physicians of this city. For convenience, a number of the most usual formulae are prepared, and a box containing ten or a dozen minute vials, with these small wafers, will be found a very valuable addition to a physician's armamentarium.

#### Women as Physicians.

It is pleasant to see that the *British Medical Journal* publishes some hospital reports by "Miss Clarke, M.D.," and very good ones they are. The bigotry of the British Medical Association is sufficient to exclude women from its membership. But Mr. Ernest Hart, the editor of the journal of the Association, does not partake of this narrow spirit, and his wife is an extremely able and cultivated medical writer, often contributing to the *London Medical Record*, a monthly journal largely controlled by Mr. Hart.

#### Kant's Skull.

Professor Kupffer, of Königsburg, describes the skull of Kant, which was recently disinterred. Its capacity was 1715 centimeters. The sutures were remarkably perfect, well retained and regular. The skull is broad for its length and height. The right side of the cerebral portion and the left of the cerebellar portion were the most developed. The cavities of the eyes were unusually high. In general, it was a mixed type, as Kant himself was, his grandfather having been a Scotchman and his mother a South German.

#### Centenarians.

A woman is reported to have died in Strasburg, at the age of 102. Herr A. L. Dicksten, a "teacher of religion" in Heringen, celebrated his 107th birthday last month. He is said to still possess great freshness of intellect.

#### Items.

"No kiss," he said, despondingly; "no kiss from my darling to-night?" "No," she said, emphatically, "no kiss. I hear that there is mumps in your family."—*The Sanitarian*.

—The Milwaukee (Wis.) *Sentinel* believes that it has discovered in that city a bogus medical college, which calls itself the Milwaukee College of Physicians and Surgeons, and has been issuing fraudulent diplomas.

—The College of Physicians and Surgeons, of Buffalo, has nullified the degree of M.D. recently conferred upon Wm. R. Crumb, of this city, it having been proven, upon examination, that the thesis upon which the degree was conferred was written by another person and handed to the faculty as original.

### QUERIES AND REPLIES.

#### Cremation.

Dr. D. C. Leavenworth of New Haven, Conn., will thank readers to forward him copies of any essays, articles or papers on the subject of cremation.

#### Tribasic Phosphide of Silver.

MR. EDITOR.—Will your readers kindly furnish me, through your department of Queries and Replies, any experience they have had in the use of the tribasic phosphide of silver in nervous diseases? Respectfully,  
Penna. C. C. H.

#### Portraits of Medical Men.

Dr. B. R. L., of Pa., asks: Will you be kind enough to inform me where engravings of eminent medical men can be purchased?

Ans.—In the *Biographical Dictionary of Physicians and Surgeons of the United States*, the steel engravings of fifty-two eminent medical men may be found. Price of the book \$7.50. It is the best collection we know.

Dr. S. W. J., of Texas, asks: Are chlorate and iodide of potassium incompatible? If so why?

ED. REPERTOR.—What is the date of the last edition of the *U. S. Dispensatory*, and does the last edition come fully up to the requirements of the day? Has it been superseded by the *National Dispensatory*?

Ala. Dr. S. S. G.

Ans.—The *U. S. Dispensatory* has been superseded by the *National*. The last edition of the former is a decade old.

Name Wanted. We received \$5.00, in April, from Brunswick, P. O., no State given, and name undeipherable. Will the sender please write us.

Dr. G. W. C. of Tenn., asks: Will you please give, in your "Queries and Replies" column, the composition of "Simmon's Liver Regulator."

Ans.—We have seen no analysis of it. Perhaps some of our readers have.

Query.—What about the propriety of blistering an infant (six months old), making the blistered surface to cover the entire front, reaching from ensiform cartilage to the pubis; also blistered from nape of neck down spinal column, two and a half by four or five inches. And what about the propriety of painting such extensive blistered service with croton oil. Diagnosis said to be congestion of the brain and bowels. ILL.

Texas.

Ans.—Propriety might be consulted by submitting a physician who did it to the same treatment, in order to impress upon him more sense the next time. It is simply barbarous ignorance.

### MARRIAGE.

McANINCH—McDONALD.—On Thursday, May 19th, 1881, at the residence of the bride's parents, Butler County, Pa., by the Rev. S. P. Dillon, D. L. McAninch, M.D., of West Freedom, Pa., and Miss Ella McDonald.

### DEATH.

LINDLEY.—At her residence, three o'clock P.M., Friday, May 6th, 1881, Lou. O. Lindley, wife of Dr. Walter Lindley, of Los Angeles, and daughter of Rev. W. W. Puett, of the Indiana Methodist Episcopal Conference.